An Address
ON THE
TREATMENT OF FRACTURE OF THE PATELLA.

Delivered at the Medical Society of London, Oct. 29th, 1883,

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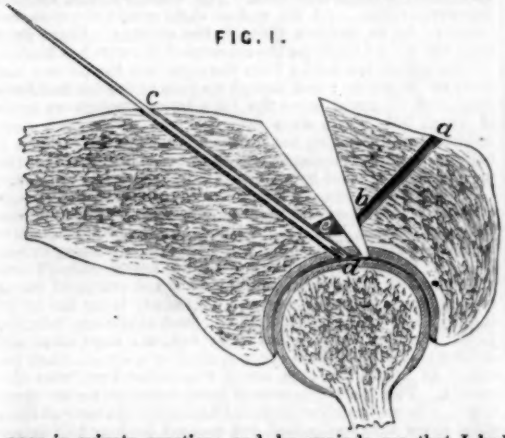
SIR JOSEPH FAYRER AND GENTLEMEN,—Some time ago Mr. Holmes remarked to me that it would be well for me to place before the profession statistics of the operations which I had performed for fracture of the patella; and when you, Sir, did me the honour to request that I should open this session of the Medical Society with a paper, it occurred to me that I could hardly do better than act on Mr. Holmes's suggestion. But before entering on the strict subject of the communication which I have the honour to bring before you, it will be advisable to make some prefatory remarks regarding the circumstances that led me to it. In March, 1873, my friend Dr. Hector Cameron of Glasgow recommended to my care, in the Edinburgh Infirmary, a case of ununited fracture of the olecranon. Dr. Cameron had formerly been my house-surgeon in the Glasgow Royal Infirmary, and I had afterwards for several years the great advantage of his assistance in private practice; and he reminds me that I had often expressed to him the opinion that the use of a metallic suture, antiseptically applied, which we had employed in ununited fracture of the shafts of the long bones ought to be extended to the olecranon and patella. The patient to whom I refer presented himself to Dr. Cameron as an out-patient, and as he could not at that time operate himself, he sent him to me. He was a man thirty-four years of age, who five months previously had received a blow from a policeman's *bâton* on the left elbow. This occasioned great swelling, which seems to have concealed the true nature of the case from the surgeon whom he first consulted. On admission, there was a considerable interval between the olecranon and the shaft of the bone, and although the limb was muscular, it was comparatively helpless, as he could not extend the forearm at all without the aid of the other hand. On March 28th, I made a longitudinal incision, exposing the site of the fracture; and having pared away the fibrous material from the fractured surfaces, I proceeded to drill the fragments in order to apply the suture. The fracture was oblique from before backwards, as shown in Fig. 1. I found no difficulty with the proximal fragment in making the drill appear upon the fractured surface at a little distance from the cartilage (see *b*, Fig. 1); but with the other fragment the obliquity of the position in which the drill had to be placed was so great that, instead of emerging at the fractured surface, as I had intended, I found it had entered into the substance of the humerus (*d*, Fig. 1). I therefore withdrew the drill, and substituted for it a needle (*c*, *d*). Then with a gouge I excavated an opening (*e*) upon the fractured surface opposite to the drill-hole (*b*) on the other surface, until the needle was exposed. Withdrawing the needle, I introduced a silver wire in its place, and had no difficulty, by means of forceps passed into the excavation made by the gouge, in drawing out the wire. I was then able to pass it on through the other drilled opening, and thus the two fragments were brought into apposition. The ends of the wire were twisted together, and left projecting at the wound. Healing took place without suppuration or fever, and the wire was removed on May 19th, seven weeks after the operation. The wound made for its extraction soon healed, and the patient returned to Glasgow; and I afterwards had the satisfaction of learning that he was wielding the hammer in an iron ship-building yard with his former energy.

FIG. 1.



I have had two other cases of ununited fracture of the olecranon; and as these are closely allied to the subject of my paper I may refer briefly to them. One was a man, forty-five years of age, incapacitated for his occupation as a plasterer by inability to extend the right elbow completely. The ununited fracture of nine weeks' standing was oblique laterally. It was treated as in the last case, the operation presenting no difficulty. It was performed on March 20th, 1878. The wound healed without suppuration, but the wire was not completely removed; for, the loop having given way near the twist, the twisted part was alone taken away, and the loop left behind. It never caused any inconvenience, and he afterwards wrote to us from his home at Bristol that he was able to follow his old employment.

The third case was that of a gentleman, thirty-three years old, who had consulted no fewer than eighteen surgeons on account of the weakness of his left arm, caused by ununited fracture of the olecranon. I operated on July 28th, 1881, paring the broken surfaces as in the other cases, using a chisel and hammer for the purpose; and having drilled the fragments with a common bradawl, I brought them together with moderately stout silver wire. In this case, however, I did not leave the ends of the wire projecting from the wound; but having given them one complete twist (or two half twists), cut the ends off short and with a small hammer hammered the twisted part down flat upon the ulna. The advantage of this practice was strikingly exemplified by the difference in the course of this case from its predecessors. Instead of keeping him under treatment for several weeks until the wire could be removed, I was enabled to allow him to return fifteen days after the operation to his home in Wales with a sound cicatrix, and, trusting to the connecting loop of wire, permitted him to use the elbow freely. I afterwards learned that he was able to drive a four-in-hand as well as ever.

The practice of cutting the ends of the wire short and hammering down the twist upon the bone is one to which I shall have to refer again in connexion with my later cases of fracture of the patella. It is in every respect an advantage. The hammering down of the twist renders it more secure than if it is left projecting, to be moved by every shifting of the dressing, and perhaps broken, as in the second of the cases just referred to. We also get rid of a source of disturbance, and sometimes of considerable uneasiness, in the wound. The time of healing is greatly shortened; and the knowledge that the loop of wire securely holds the fragments in position allows the use of the joint to be commenced much earlier than when we have only the organic band of union to trust to. The practice is also of the highest value in ununited fracture of the shafts of the long bones. The thickness of the wire must be proportioned to the force to which it is to be subjected. For the olecranon, only about one twenty-fifth of an inch in diameter is amply sufficient. For the shaft of a femur of an adult male, a piece of wire, about one-tenth of an inch in thickness is requisite in order to resist with certainty the enormous force of the great muscles of the thigh. The pieces of bones which I hold in my hand were removed in August, 1881, from a case of badly united fracture of the femur. The patient was a gentleman from Rio de Janeiro. The fracture had occurred about the junction of the middle and upper thirds of the bone; it had been so badly united that the fragments overlapped very much, and also were at a considerable angle with each other, so that the limb was extremely distorted as well as much shortened. Bloodlessness of the operation having been provided for by elevation of the limb and the application of

an elastic tourniquet, I cut down from the outer aspect of the thigh upon the seat of fracture. Then with a periosteum detacher I separated the soft parts from the place of junction of the fragments, and in the next place I went through the extremely laborious process of cutting through the osseous union (which was of almost ivory hardness) parallel to the axes of the two overlapping fragments. This having been at length accomplished, and the soft parts still further detached, I found I was able not only to get the limb into a straight position, but also by a very moderate extension so to reduce the riding of the fragments that by sawing off comparatively small portions I was able to bring their extremities into apposition and apply my suture. This was done with wire of about this same thickness. The limb was put up at first with a long splint. Being a weakly man, it was some months before absolutely firm union was obtained. It would have been extremely embarrassing to have had the ends of the wire sticking out from the wound all that time. On the contrary, it was a very great comfort to have no occasion to think about the wire; and ultimately he left for South America with a perfectly straight limb, almost of the same length as the other, and with thoroughly firm union established.

But to return to the immediate subject of my communication. Ever after my first case of ununited fracture of the olecranon I was on the look out for a fracture of the patella to treat on the same principle. Dr. Cameron, however, anticipated me. In October, 1876, being now full surgeon in the Glasgow Infirmary, he admitted a man with transverse fracture of the patella. He treated him in the first instance in the ordinary way, and dismissed him at the end of eight weeks with a pretty short and strong ligamentous union. Eleven days later, however, he reappeared, having ruptured the fibrous band by a violent movement during a state of intoxication. The fragments were then found widely separated. Dr. Cameron again treated him on ordinary principles for eight weeks, at the end of which time the fragments were still so widely apart, and the limb so feeble, that Dr. Cameron determined to cut down and apply the wire suture antiseptically. This he did on March 5th, 1877. On making a longitudinal incision he exposed a condition of the parts of which, through his kindness, I am able to show you a sketch—viz., a ligamentous union one inch in length, connecting pretty equal sized fragments with nipple-like projections extending from their attenuated margins, much thinned by absorption. He cut away the fibrous material, and having pared the edges of the fragments and drilled them in two situations with a bradawl, he connected them with two sutures of stout silver wire, the ends of the wires being left projecting at the wound. At the same time he introduced an independent drain into the joint. The wound healed without suppuration or fever; and though osseous union was not obtained, which, as Dr. Cameron remarks in his report of the case, was not to be wondered at, considering the thinned state of the surfaces, yet he had the satisfaction of discharging the patient with close approximation of the fragments and a thoroughly useful limb.

In October of the same year (1877) a patient with transverse fracture of the patella was admitted under my care into King's College Hospital. He was a man, forty years of age, who, while riding, was thrown over the horse's head, and fell on the right knee. He could not rise, and was brought to the hospital. In the first instance, I attempted with this patient to bring the upper fragment down so that it should be in contact with the lower. For this purpose I applied an apparatus, which was so arranged that the upper fragment could be drawn down by means of weights and pulleys. Four days later, however, I found that there was still a quarter of an inch interval between the fragments, and I suggested the operation of cutting down and applying the wire suture. This, however, he would not then consent to, and preferred returning home to be under the care of his ordinary medical attendant. Eight days later, or fourteen days after the accident, he was readmitted, expressing a wish to be operated upon. On Oct. 26th I accordingly proceeded to operate, making a vertical incision about two inches in length over the patella, exposing the fragments, which were then one inch apart. My inability to bring down the upper fragment into contact with the lower became explained when the parts were exposed; for there were found between the fragments exceedingly firm coagula, with fibrous tissue, fascial and periosteal, mingled with them. The clots having been cleared away from between the fragments and from the interior of the joint, I applied a common bradawl in the middle line of the patella, drilling each fragment obliquely so as to bring out the drill upon the broken surface a little distance from the cartilage. Pretty stout silver wire was then passed through the drilled openings and the fragments brought accurately into apposition. Before they were brought together, however, an arrangement was made for the drainage of the joint. This was done on the same principle in all the cases that I have to record, and I may therefore describe the matter once for all. A pair of dressing forceps with the blades closed were passed through the wound to the most dependent part of the joint at its outer aspect. The instrument was then forcibly thrust through the synovial membrane, the fibrous capsule, and the fascia, until the point of the forceps was felt under the skin. An incision was next made with a knife through the skin upon the end of the dressing forceps so as to allow it to protrude. The blades of the forceps were then expanded so as to enlarge the opening which they had made in the deeper structures without risk of causing hæmorrhage. The drain was then seized in the forceps that protruded through the wound and drawn into the joint. The ends of the wire were now twisted together and the twisted ends brought out at the wound, which was closed with sutures and a small drain inserted. The limb, enveloped in an antiseptic dressing, was placed in a trough of Gooch's splint, with the upper end oblique, corresponding to the line from the tuberosity of the ischium to the great trochanter, and the lower end excavated in the form of a horseshoe, while the horns of the horseshoe were well padded to support the sides of the foot. It is unnecessary for me to enter into details as to the progress of this case. The temperature chart indicates, you observe, after a little temporary disturbance immediately after the operation, an entirely afebrile condition. The wounds healed without any suppuration. At the end of eight weeks the wire was removed by an incision through the cicatrix. Eight days later the wound made for the removal of the wire had healed. At the end of ten weeks from the operation the patient was allowed to get up; and though no passive motion had been employed he could move the limb freely through an angle of about 30°. Two days later he was discharged, and, unfortunately, nothing has been heard of him since. This, I believe, is the first instance of a recent case of fracture of the patella being treated by wire suture antiseptically applied.

My next case occurred two years later. William T——, a coal porter, thirty-seven years of age, a muscular man, was admitted on Dec. 13th, 1879. He slipped, on Dec. 9th, while carrying a sack of coals, and felt something give way in one knee. On endeavouring to rise he found himself unable to do so. The right patella was found fractured transversely, the interval between the fragments being about an inch. There was a considerable amount of effusion into the joint. On Dec. 15th—that is to say, six days after the accident—I proceeded to operate, making a longitudinal incision as in the last case, about two inches long, over the patella. The lips of the wound being held apart with blunt hooks, a hole was drilled in each fragment in the median line; stout silver wire was passed and secured by four half turns. A drainage-tube was introduced, as in the last case. For the first fortnight after the operation there was what we may call an absolutely afebrile state; during the rest of the time of his residence in the hospital there were two accidental elevations to 100·5°, but nothing to indicate anything serious. The wound healed, as in the last case, without any suppuration. Six weeks after the operation he was allowed to get up. Eight weeks after the operation an incision was made through the cicatrix for the removal of the wire, the loop of which was cut and the wire withdrawn. On Feb. 23rd—that is, a fortnight later—the bandages which had been previously applied to the leg were removed, and it was found that he could bend the limb to a right angle, he could walk well, and was able to kick. On Feb. 22nd last this patient showed himself. We then took the following notes:—"The patella seems perfectly natural, except a trifling irregularity of outline on one side. It is evidently osseously united. The movements of the joint are perfect, from complete flexion to extension. He can kick vigorously. He says the joint is just as trustworthy as ever. He frequently carries a weight of 220 lb. for upwards of 100 yards, and he walks without the slightest limp." [The patient was introduced and exhibited to the Society. He said his limb was as good as ever, and that it never failed him.] Except for the linear cicatrix, no one would be able to tell that this patient had had anything wrong with his knee at all.

The next case was one of ununited fracture. The patient, Joseph R——, aged twenty-two, was admitted into the hospital on Sept. 27th, 1880. He is a soldier, and stated that on June 3rd of that year, while running across a green he slipped upon a piece of turf, and in trying to recover his balance he snapped his knee-pan and fell. He was taken to a military hospital, and the limb was put in splints, which were kept on for seven weeks, a starched bandage being applied after their removal. On admission, the fragments were found separated by an interval of three-quarters of an inch. There was a firm fibrous band of union between them. The knee, however, was quite stiff, in consequence, apparently, of the rigidity of the extremely atrophied quadriceps extensor. He was quite unable to walk; if he attempted to do so he held the leg in his hand, and he complained of uneasy feelings in the joint. On Oct. 22nd I cut down over the patella as in the former case, and having cut away the fibrous tissue between the fragments, refreshed the osseous surfaces, and then, having provided for drainage as before, drilled the fragments and drew them together with stout silver wire. Nothing occurred worthy of any notice until four weeks after the operation, when I proceeded to attempt passive motion. Without chloroform this proved impossible; but under chloroform I used considerable force, when, the rigid quadriceps refusing to yield, the twist of the wire gave way; the cicatrix, which had quite healed except where the wire projected, opened, and there was heard a sound of air being sucked into the joint, the fragments becoming at the same time widely separated. I injected the joint with an antiseptic solution, a procedure which I candidly confess I should now regard as probably superfluous. However, such was done; and six days later, when all disturbance caused by this second injury and the irritation of the antiseptic injection had passed off, I operated upon him a second time. Chloroform was again administered, and the cicatrix was laid open. I then found that the ends of the wire were lying in place ready to be twisted together. I found at the same time a considerable mass of coagula present. These I cleared away from between the fragments and from the joint, twisted the wire again, and thus we had a second operation in one patient. The after progress was as in the other cases. Here we have a doubly long temperature chart, because we have two cases in one, so to speak; but it will be seen that here there has been no deviation whatever from the normal state; neither as the result of one operation nor the other has any febrile condition as regards temperature been produced. In due time the wire was removed, and the wound made through the cicatrix having healed, he was discharged, eight weeks after the second operation. He was then able to walk, but with a stiff knee, with scarcely any mobility. I did not attempt any more passive motion after previous experience, and, while I was well pleased to see that he could walk with a stiff knee, whereas he could not walk at all on admission, I hardly ventured to hope for anything better. However, on Feb. 22nd, 1883, he presented himself, when we made the following report:—"The patella is perfectly natural, except a little irregularity of the two borders opposite the seat of the fracture. The surface is quite smooth. There is no interval between the fragments. There is evident osseous union. The degree of flexion is increasing. He can bend to an angle of sixty degees and extend again completely. He laid aside his stick last summer and returned to his work as a gardener seven months ago. He can do anything except kneel. In getting over a paling, he has to throw the leg over in a partially extended position. He walks with a barely perceptible limp." We may now say that he walks with no limp at all. [The patient was introduced and exhibited. He said he could work very well, that he was on his legs all day and felt no uneasiness.] The very great interest in this case seems to me to lie in the improvement that has occurred without any passive motion on the part of the surgeon merely from the natural actions of the limb.

The next case was also one of ununited fracture. The patient, Martha F——, aged forty-three, was admitted November 5th, 1880, on account of an accident which had happened eight weeks before, when she felt something snap in her knee while trying to save herself from falling. She was unable to walk or move the joint, which quickly swelled to a large size. No splints had been used, and no treatment of any kind employed. On admission there was fulness over the knee, and a transverse fracture of the patella was discovered in the middle of the bone. The fragments were separated one inch. There was fluid in the joint, as indicated by fluctuation. On November 12th I operated as in the last case, paring away the fibrous material between the fragments and refreshing the osseous surfaces with cutting pliers. The fragments were then drilled obliquely in the middle line, and brought into apposition by means of stout silver wire. This, however, could only be done when the limb was raised high into the air, so as to relax the quadriceps, she being a stout woman with powerful muscles. With regard to this patient, again, I have to show a temperature chart free from any febrile indication. In eight weeks after the operation the patient was allowed to get up, and she walked about on crutches. She was discharged three weeks later, able to bend the knee slightly, lowering and raising the foot three or four inches. On the 14th of February the patient was readmitted to have the wire extracted; and five days later she was finally discharged. It will be remembered this was a case of ununited fracture, and that when the patient left the hospital she could only move the foot for a distance of about four inches. But on February 22nd of this year, when we had an opportunity of seeing her, the following note was taken:—"There is perfect union of the fragments. She can walk from Drury-lane to Billingegate and back, and walks without a limp. She can bend the knee to a right angle, and says the mobility increases every day. From the position at a right angle she can raise the leg in a perfectly natural manner to the extended position. She is a stout, heavy woman. She cannot kneel." [The patient was introduced and exhibited. There seemed to be a perfect patella; nothing abnormal to be felt about it. She said she could do everything except kneel.]

The next case was one of recent fracture. Wm. G——, sixty-two years of age, was admitted June 21st, 1881; he is a healthy man, but a pretty hard drinker. On the morning of his admission he slipped, put out his right leg to save himself, fell, and could not rise. His leg doubled under him. On admission the patella was found fractured transversely, with one inch of interval between the fragments, which could be brought together with difficulty. The knee was considerably swollen. On the 24th—that is, three days after the accident—I operated upon him. The operation was conducted precisely as in the recent cases that have been before described, except that in this patient, for the first time, the ends of the wire were cut short, and the twist hammered down. A few hours after the operation he became delirious, and we were apprehensive of delirium tremens. However, he was quieted with a dose of opium, and gave no further trouble. The temperature chart here, as in the last case, exhibits entire absence of febrile indication. The wounds healed without suppuration. Exactly six weeks after the operation he was allowed to get up, and I had the satisfaction of exhibiting him before some of the members of the International Medical Congress, and showed them that he could raise his limb from a position of flexion almost at a right angle to the completely extended posture. I have not seen him from that time until to-day. Having learned that he was employed in a Birmingham establishment, I wrote to my friend Mr. Chavasse, of that city, and I received from him this letter: "I saw G—— this morning, and have made arrangements for him to leave by the two o'clock train to-morrow afternoon. In case he should not keep his appointment, there is a faint linear cicatrix present over the joint. The knee can be flexed as well as the other. There is bony union of the patella, a faint ridge being felt at the point of union. No suture is to be detected by the touch. At his work as a stamper all day long he works a pulley with the affected limb, which raises a weight of 60 lb. In damp weather he feels very slight inconvenience in the site of the old fracture." Happily our patient has kept his appointment, so that we are able to see him to-day. [The patient was introduced and shown. He said he could do anything with the limb, the same as with the other. He worked a stamp-hammer, and he could work that hammer, weighing 1 cwt., all day long. There was no difference whatever between the movements of the two knees. There was a barely perceptible cicatrix, and a perfect patella.]

My sixth patient was a woman, Elizabeth C——, fifty-seven years of age. She also was a recent case, admitted on Oct. 21st, 1881. Going downstairs she fell, with her left leg bent under her, striking the knee against the ground. She was brought at once to the hospital. The

left knee was very much swollen from effusion, hot and render; the fragments of the patella were felt separated from each other about one inch. I believe it is generally wise to let any distinct inflammatory appearances that exist as the immediate result of the accident pass off before the operation. In the former case there were no such, or scarcely any; therefore we operated three days after the accident. In this case they were manifest, and we allowed a week to pass. The operation was performed just as in the last case; the ends of the wire were twisted with two half turns—that is to say, one complete turn; the ends were cut short, and then with the small hammer the twist was hammered flat down upon the patella. On the evening of the first day there was a depression of temperature; on the following day a little rise—to 101°; after that there was nothing to indicate anything febrile. Two weeks after the operation passive motion was commenced; the wounds were then so very nearly healed that the milder antiseptic boracic lint was used for the superficial sore which remained. Three weeks after the operation the limb was bent to a right angle; this was painful to her, but caused no disturbance of the fragments. Four weeks after operation passive motion was again employed; the wounds were completely healed. Six weeks after the operation the patient was allowed to get up and could already walk fairly. Three days later she was discharged; she could then walk very well. On Feb. 23rd last we took this note regarding her:—"The patella appears perfectly natural with the exception that the wire is felt, causing the slightest projection, under the skin, which, however, moves freely over it. The movements of the joint are perfect from complete flexion at a very acute angle to perfect extension. She kneels as she used to do, and only occasionally the wire comes into contact with anything, and then she feels the skin over it tender. She can walk any distance, as before the accident, and does so without a limp." [The patient was now introduced to the Society, and fully confirmed the previous report.]

My last case is a man sixty-seven years of age, John P——, admitted into King's College Hospital on Jan. 6th of the present year. He had fallen from an omnibus on the previous day, striking his knee upon the ground. There was transverse fracture of the patella, and great swelling of the joint. Six days after the accident I proceeded to operate. On exposing the seat of fracture, I found a condition of things which possibly, had I known it, might have induced me to abstain from operating. The lower fragment was very small, and was comminuted. There was one entirely loose piece as large as a filbert, and another about half that size, which of course had to be extracted. Such a condition, taken in connexion with the advanced age of the patient, did not promise well for satisfactory union. Having sponged the clots out from between the fragments and from the joint, and established a drain, I drilled; but as the lower fragment was so exceedingly small, I was obliged to drill, not through it, but through the ligamentum patellæ, and by this means was able to bring the large upper fragment into contact with the raw surface below. You will see that his temperature chart is free from any febrile indication; and the wounds healed without any suppuration. Here, as in the last two cases, the ends of the wire were cut short, and the twist hammered down upon the patella. Three weeks and four days after the operation the wound was nearly healed. The knee was bent to an angle of 30°, and from that position the patient could himself raise it to complete extension—a thing which without the wire, and without our feeling that the wire was in a very secure form, we should not have thought of permitting. Four weeks after the operation the wound was healed. The knee was then bent to an angle of 40°. Eight weeks after the operation the patient was discharged, having been for a considerable time before allowed to walk about the ward, and walking well. You will observe, gentlemen, that this patient has not had the same time for improvement that the others have had. [The patient was introduced and examined. He said he was getting on "first-rate"; he found the leg continue to get stronger, and he was able to move it better; he noticed that it was getting stronger every week—he might say every day.] I confess I am surprised to see how complete a patella this man has, considering how extremely small the lower fragment was.

Gentlemen, these are all the cases which I have operated upon, and I consider it fortunate that I am able to bring before you six out of the seven. I should like now to say a few words as to the method of operating. There is very little indeed to be added to what I have already said, except this: It is very desirable that the lower surface of the patella should be left quite smooth. We cannot be perfectly sure when we drill that the bradawl will come out exactly at a corresponding point on the two surfaces. Supposing that on one side the instrument should have come out too far down, it may be into the cartilage (as at *d* in Fig. 2); we do not regard that at first, but pass the wire through the two drill-holes, and then on that side on which the hole has come too far down, by means of the bradawl we simply chip away a little of the material that is above the wire until the wire comes to be in a position exactly opposite to the hole on the other side, leaving a gap below, as indicated by the dark shade at *d*. This is a perfectly simple matter; at the same time it might possibly not occur to anyone doing the operation. Here we have the wire represented twisted and the twist hammered down. The twist always goes to one side, and being on the other side in this instance is not shown in Fig. 3.

I think it must be admitted that these cases show that the mode of treatment which I have recommended, when applied to recent transverse fractures of the patella, affords a means of restoring the joint to practically a perfectly natural condition, provided only that no disaster occurs. But that is a tremendous proviso, and no one is more conscious of it than myself. Before I made the incision in the first case

FIG. 2.

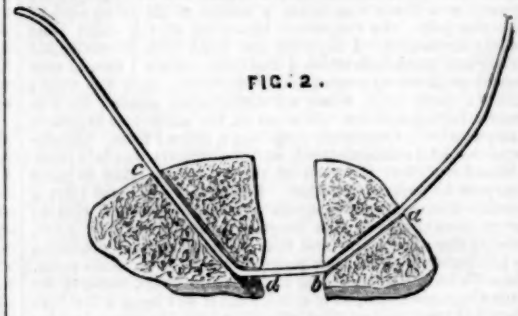
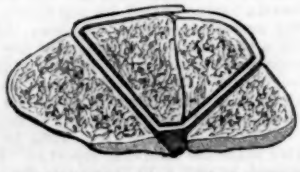


FIG. 3.



that I have recorded to-night, I remarked to those who were assembled in the theatre that I considered no man justified in performing such an operation unless he could say with a clear conscience that he considered himself morally certain of avoiding the entrance of any septic mischief into the wound. Supposing, on the other hand, that a man can say that with a good conscience, then I conceive that he is not only justified but bound to give his patient the advantages that we see are to be derived from this method of procedure. We know, of course, quite well that by ordinary means of treatment patients often recover with very useful limbs. Every now and then osseous union is obtained. It is a thing which I used to pride myself formerly on striving to get, and I have achieved such a thing, but it was rare and it was obtained by a very tedious process; and if ligamentous union occurred, we never felt sure that what was a very short ligamentous union when the patient was discharged might not be a long ligamentous union at a later period. A gentleman consulted me with transverse fracture of the patella a couple of years ago. He happened to come to me just as I was about to start for my autumn holiday. I did not care to operate upon him and throw the responsibility of the after-treatment upon another, and it happened to be a case especially favourably circumstanced for osseous union. There was nothing between the fragments; the two could be brought into apposition with

the utmost facility. I applied an apparatus which seemed to maintain perfect immobility of the fragments, and when I came back from my holiday I found them as I had left them, with no interval between them, and I hoped three might be osseous union. Eight weeks after the accident the patient was allowed to get up and walk, and walked exceedingly well. Six weeks later I asked him to come and report himself, and I was sorry to find that there was already half an inch of separation of the fragments. He was then about to start for India. What the separation may be now I do not know. It is true that there may be a very useful knee-joint with a very considerable length of fibrous union. Still, when there is a great length of fibrous union, the knee is never equal to the original. Some of our experience with these cases, where we could inspect the actual state of things, will serve to explain the uncertainty of the results of ordinary treatment. We have found, for instance, such dense masses of clot so mixed with fibrous tissue as to make it quite impossible that the fragments should be brought into apposition. I also found in one case such a tilting up of one of the fragments that it would have been perfectly impossible to get the osseous surfaces in contact, except by direct operative procedure. Considering therefore the great inconvenience which results in many cases when the treatment is conducted on ordinary principles, I believe that if we can really say that we are morally certain that we do not subject the patient to risk, we are in duty bound to give him the benefit of this method. It has been said it is not justifiable in recent cases, though it is justifiable in ununited cases where there is a useless limb. I must confess that if I believed I was subjecting a patient to serious risk to life I should not feel justified in operating on the ununited case, and the ununited case is in every respect worse as a subject of operation than the recent. The ununited case has the fragments probably dwindled by absorption, and these fragments already dwindled have to be pared. There is a separation, it may be a very considerable separation, and this has to be overcome, it may be by dividing the quadriceps extensor, an operation of difficulty; and in proportion to the length and difficulty of the operation is the chance that the surgeon may forget some point of importance with regard to the antiseptic element. Then, again, when you come to divide the quadriceps extensor, you divide a very vascular structure, and you may have hæmorrhage; and further, when the fragments are brought into apposition, they are very likely at considerable tension, and the tension may be apt to cause through the nervous system an inflammatory disturbance, and this tends to weaken the parts, and to diminish the power of resistance by which the natural tissues are able to combat the entrance of septic agencies, even though they be in contact with the part. In the recent case, on the other hand, everything is favourable. We have a wound involving no bleeding, and there is no need to pare the fragments. All we have to do is to sponge away clots, and the surfaces are ready for coaptation. The drilling is a matter of no difficulty; it does not take long; it does not cause anxiety; there is no shock to the system, and no tension. In every respect the circumstances are favourable as regards the operative procedure. And then, when we come to consider the chances of successful antiseptic management, if there is in the whole body a situation which is well adapted for antiseptic treatment, it is this; for of all the conditions requisite according to our present methods of procedure, that which is most important is that the skin on all sides round about the wound should be able to be amply overlapped by the antiseptic dressings. Here we have the wound in the middle of a long limb; from the groin to the foot we may have our antiseptic envelope. Then, again, we have this envelope surrounded with a secure bandage, and the bandaged dressing encased in a splint; and even if you come to have the patient delirious, as one of my patients was, or supposing a patient to be very curious, as some patients will be, it would puzzle him to get the wound exposed under these circumstances. Now, there are wounds so placed that you cannot well guard against this risk. I had a gentleman lately under my care with a psoas abscess, who seemed duly impressed with the importance of the antiseptic management, and yet his brother, who was a medical man, coming in one day saw him drawing the dressing aside and peeping at the wound. Now a man cannot peep at a wound in connexion with a fracture of the patella; it is so circumstanced mechanically that he cannot do it; and I believe that if we use the means that we have now at our disposal we may say with a safe conscience, if we use them aright, that we do not subject the patient to anything like so great a risk as people used to be subjected to, not many years ago, when they had fatty tumours removed in general hospitals. We must all of us remember cases in which, after such operations, erysipelas or diffuse suppuration came on, and the patient—nobody's fault, of course—died. I have referred to a case of ununited fracture of the olecranon where eighteen surgeons had been previously consulted. I trust no one here will suppose that I mentioned this circumstance for the purpose of glorifying myself. I mentioned it in order to emphasise what I believe to be the truth, that by antiseptic means we can safely do, and are therefore bound to do, operations of the greatest importance for our patients' advantage which without strict antiseptic means the best surgeon would not be justified in recommending. How wise those eighteen gentlemen were in counselling against any operative interference, provided they were not prepared to operate strictly antiseptically, I think we must be all agreed. As regards the operative procedure in that case, it was of the most simple character possible; any first-year's student could have done the operation exactly as well as myself. The reason that I felt justified in performing it was simply and solely that I knew that strict antiseptic treatment would convert serious risk into complete safety. As regards antiseptic treatment, I should just like to make this remark: that nowadays it is not a very complicated business, either in theory or in practice. First, as to theory. We do not require any scientific theory in order to believe in antiseptic treatment. You need not believe in the germ theory at all; if you are not convinced of the truth of the germ theory of putrefaction and of septic agencies generally, no matter whatsoever, with reference to antiseptic practice, all you have to believe is that there are such things as putrefaction and other septic agencies, that our wounds are liable to these, that they are very pernicious, that these things come from without, and that we have the means of preventing them by various chemical agencies. That is all that we require, and I think anybody who knows the present state of surgical practice must admit these to be truisms. It has sometimes been a great grief to me to think that because gentlemen are not convinced of the truth of the germ theory out-and-out, therefore they say lay aside antiseptic treatment altogether. And then as to practice. It is not a very difficult thing to wash your hands in a carbolic solution and have your instruments in this carbolic solution for a quarter of an hour before you operate. It is not a very difficult thing to wrap round the limb a suitable envelope of antiseptic material. What I believe to be one of the most important things of all is strictly to maintain this rule inviolate, which I insist upon with my dressers, and which I confess I have insisted upon more of late years than I used, and that is always when we change a dressing, invariably first to cover the wound with something pure;—not to wash the surrounding parts with antiseptic solution, and then, after this has been done, put a dressing on the wound, but before we begin to defile our lotion at all, put on the wound what is pure, and last thing of all wash the surrounding parts, which, though they look the same to our eyes, are different, *toto cœlo*. The edges of the dressing are septic—the wound, if it is as it ought to be, is aseptic. I have known such a thing, for instance, as for a gentleman in dressing a stump after amputation of the thigh to wash the perineum with a rag dipped in the carbolic lotion (1 in 40) and then, having washed the perineum, immediately to squeeze this rag over the wound. Gentlemen, that makes you laugh; but I assure you these are the kind of things that are constantly occurring; and disasters happen in consequence; and then gentlemen with whom things go wrong invariably say that with them everything has been perfectly done—a thing which for my part I am always loth to say. I am not likely to have many more years of active surgical work, and I felt that when you, Sir, gave me this opportunity it was my duty to speak what I believe to be the truth; for I feel it to be a grievous thing that patients should be hurried out of their lives, or deprived of usefulness of limbs, simply for want of sufficient earnestness with regard to the endeavour to obtain complete exclusion of septic agencies from wounds, according to our present lights and our present knowledge. (Applause.) Gentlemen, I thank you most heartily for that cheer; for there was a time when such remarks proceeding from me might have met with a different reception.

ON

NITRITE OF SODIUM AS A TOXIC AGENT.

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NITRITE OF SODIUM has of late been frequently recommended as a remedy for epilepsy, angina pectoris, and other diseases of nervous origin. Considerable diversity of opinion evidently exists as to the dose in which it may be safely administered. In those cases in which twenty grains are stated to have been given three times a day for three months or more, the drug was undoubtedly impure, for so large a dose could not have been administered for so long a time with impunity. It must be remembered that, until recently, the substance sold as nitrite of sodium was a mixture of nitrite and nitrate, the latter predominating. It has been shown by Dr. Hay and others that many samples of so-called nitrite of sodium contained more than two-thirds nitrate. Nitrate of sodium is a much less active drug than the nitrite, and can be given in much larger doses. As the nitrite has come more generally into use as a medicinal agent, manufacturers have taken greater care in its preparation, and as now sold it is almost pure. If the pure nitrite of sodium were administered in the doses in which the impure drug was formerly given the effects might be disastrous. We have recently made some observations on this point, and are satisfied that nitrite of sodium is a powerful toxic agent. As an indication of its activity, and of the symptoms it is capable of producing, we give details of some observations made on cats.

Observation 1.—A black cat, weighing 5½ lb., was injected under the skin of the back with 4 c.c. of a 10 per cent. aqueous solution of nitrite of sodium—a little over six grains, or about a grain to the pound. In fourteen minutes the animal was panting, the respiration being superficial, and from 148 to 160 in the minute. The tongue was protruded, and was of a dark-blue colour. The pupils were widely dilated, and there was great muscular weakness. These symptoms increased in severity, urine and fæces were passed, there was slight opisthotonos, and in twenty minutes from the time of injection the animal was dead. At the autopsy, which was made immediately, it was found that the muscles were unusually light in colour, and that their contractility, as tested by the interrupted current, was quickly lost; in fact, in twenty minutes it was quite gone. On opening the chest and cutting the aorta, the blood was found to be very dark, almost like treacle. The lungs had a dark-chocolate tint, and were speckled. The left ventricle of the heart was contracted, whilst the right was dilated; both auricles were dilated, and no contraction could be obtained in either auricles or ventricles, even with the strongest current. On opening the abdomen the dark colour of the liver at once attracted attention, and further examination showed that the stomach, intestines, and bladder were firmly contracted. There was no vomiting before death, but the animal had not been recently fed.

Observation 2.—A brown cat, weighing 6¼ lb., was injected under the skin of the back with 4 c.c. of a 10 per cent. solution of nitrite of sodium. In fifteen minutes it was noticed to be unsteady on its legs; respiration was 44 in the minute, and the mucous membranes were dusky. Two minutes later urine was passed freely, the respiration had risen to 100, reflex action was almost abolished, and sensation was notably diminished. Twenty minutes after the injection all power of locomotion was lost; the mucous membranes were of a dark-leaden colour, and the respiration was 104 in the minute. Ten minutes later there were slight convulsions, chiefly extensive, and in two minutes more, or thirty-three minutes after the administration of the drug, the animal died. At the autopsy the blood, as in the former case, was noticed to be very dark in colour. It was examined microscopically, but no change in the corpuscles could be detected. The loss of contractility in the voluntary muscles was well marked, and in half an hour no response could be obtained even with the strongest current.

These symptoms are quite in accordance with the results obtained by other observers. Binz and Barth found that nitrite of sodium produced toxic effects both in cold- and warm-blooded animals. The minimum lethal dose injected subcutaneously was for a rabbit about three grains; a dog weighing nine pounds was killed by four grains in less than four hours. The results, too, are very much what might have been anticipated from analogy. It is well known that when an animal is made to inhale nitrite of amyl the arterial and venous blood assumes a nearly uniform hue,

TABLE SHOWING THE RELATIVE ACTIVITY OF NITRITE AND NITRATE OF SODIUM ON FROGS.

Nitrite of Sodium.

Date.	Quantity.	Weight.	Proportionate Dose.	Voluntary Movement and Reflex Action.	Contractility lost in Thigh.	Contractility lost in Lower Leg Muscles.
June 25th	0·5 (10 per cent.)	31	1-620	Abolished in 12 minutes	30 minutes	30 minutes
May 19th	0·5 (10 per cent.)	20½	1-410	Abolished in 16 minutes	25 minutes	25 minutes
June 25th	0·3 (10 per cent.)	26½	1-883	Abolished in 47 minutes	50 minutes	50 minutes
May 19th	0·5 (5 per cent.)	—	—	Became almost completely paralysed, and recovered	—	—
May 19th	0·5 (5 per cent.)	12·5	1-500	Abolished in 13 minutes	22 minutes	22 minutes
June 23rd	0·5 (2 per cent.)	21	1-2100	Was slightly weakened, but quite recovered	—	—
June 23rd	0·5 (2 per cent.)	21	1-2100	Was slightly weakened, but quite recovered	—	—
June 26th	0·2 (10 per cent.)	27	1-1350	Abolished in 24 minutes	40 minutes	40 minutes

Nitrate of Sodium.

Date.	Quantity.	Weight.	Proportionate Dose.	Voluntary Movement and Reflex Action.	Contractility in thigh lost.	Slight Contraction in Calf.
June 25th	0·5 (10 per cent.)	19	1-950	Unaffected. Observations continued 24 hours	—	—
May 19th	—	—	—	—	—	—
June 25th	0·3 (10 per cent.)	29	1-967	Unaffected. Observations continued 24 hours	—	—
May 19th	0·5 (5 per cent.)	—	—	Unaffected. Observations continued 24 hours	—	—
June 23rd	0·5 (2 per cent.)	21	1-2100	Unaffected	—	—
June 23rd	0·5 (2 per cent.)	21	1-2100	Unaffected	—	—
June 26th	1·0 (10 per cent.)	27	1-270	Abolished in 38 minutes	Four hours and 40 min.	Six hours
June 26th	1·0 (10 per cent.)	24	1.240	Very slight, 40 minutes	Two hours and 15 min.	Two hours and 15 min.
June 26th	1·0 (10 per cent.)	23	1-230	Almost gone, 2½ hours	Six hours	Six hours

resembling somewhat normal venous blood, but having a chocolate tint. Reichert, from his observations on potassium nitrite, came to the conclusion that "the nitrites cause the arterial and venous blood to become of a uniform dark venous colour, having a distinct brownish or chocolate shade, and that this is due to the conversion of the oxyhæmoglobin into a nitrite oxyhæmoglobin, and that the nitrite blood possesses very little oxygen absorbing power, and as a sequence hæmic respiration is seriously interfered with and tissue metamorphosis diminished." The same author found that in mammals the respiration rate was much affected, and that after the administration of even small doses it greatly increased in rapidity. If the dose were toxic the respirations became exceedingly frequent and panting, whilst if it were lethal they became slow and shallow until death ensued. Dr. Reichert thought that the respiratory centres were primarily stimulated from the asphyxiated blood and then depressed. The action on the voluntary muscles as noticed in our experiments is also in accordance with his observations.

The nitrates, as already stated, are much less active than the nitrites, a point well illustrated by an observation made in conjunction with our last quoted experiment. At the time that the brown cat was injected with nitrite of sodium, a white cat weighing 4¾ lb. was injected under the skin of the back with 3 c.c. of a 10 per cent. solution of nitrate of sodium, or about four and a half grains. The dose, it will be seen, was smaller than in the case of the nitrite, but the cat weighed a pound and a half less, so that the comparative dose was nearly the same. The animal was carefully watched for two hours, but no effect of any kind was produced. The contrast was very marked: the nitrate cat was purring round the room, when its nitrite companion was having its post-mortem made. The difference in the relative activity of the two drugs is also well shown by their action on frogs. Several experiments were made on this point, the results of which are given in the preceding tables.

In addition to these experiments we have made some observations clinically. To eighteen adults—fourteen men and four women—we ordered ten grains of the pure nitrite of sodium in an ounce of water, and of these seventeen declared that they were unable to take it. They came back protesting loudly, and required no questioning as to the symptoms produced. They seemed to be pretty unanimous on one point—that it was about the worst medicine they had ever taken. They said if they ever took another dose they would expect to drop down dead, and it would serve them right. One man, a burly, strong fellow, suffering from a little rheumatism only, said that after taking the first dose he "felt giddy," as if he would "go off insensible." His lips, face, and hands turned blue, and he had to lie down for an hour and a half before he dared move. His heart fluttered, and he suffered from throbbing pains in the head. He was urged to try another dose, but declined on the ground that he had a wife and family. Another patient had to sit down for an hour after the dose, and said it "took all his strength away." He, too, seemed to think that the medicine did not agree with him. Again, another patient said that in about half an hour after taking the first dose his heart came on beating very fast, and he throbbed all over. He felt very sick, but did not actually vomit. The women appear to have suffered more than the men, at all events they expressed their opinions more forcibly. One woman said that ten minutes after taking the first dose—she did not try a second—she felt a trembling sensation all over her, and suddenly fell on the floor. Whilst lying there she perspired profusely, her face and head seemed swollen and throbbed violently, until she thought they would burst. She felt sick, but did not actually vomit. This lasted about three hours. Another woman said she thought she would have died after taking a dose; it threw her into a violent perspiration, and in less than five minutes her lips turned quite black and throbbed for hours; it upset her so much that she was afraid she would never get over it. The only one of the fourteen patients who made no complaint after taking ten grains was powerfully affected by fifteen. He suffered from violent nausea, and his head, he said, felt as if it would split in two. The effect on these patients was so unpleasant that it was deemed unadvisable to increase the dose.

Sixteen patients, twelve men and four women, were ordered the nitrite in five-grain doses, and of these all the women and six of the men were unable to take it. The symptoms complained of were those experienced with the larger dose—faintness, nervousness, and a pain in the head. Nausea with eructation was of frequent occurrence, and in one or two cases there was actual vomiting. A young woman of twenty-four said she felt the effects of the medicine in about ten minutes, and had to lie down. She felt sick and then vomited, the vomiting lasting off and on for two hours. She had to keep her bed the whole day, and was so weak and ill that she thought she was dying. Another woman said the medicine upset her so much that she went off in hysterics, and could not hold a limb still. She lost all the colour from her face, becoming deadly pale. She had a terrible headache, which was worse when she moved, especially on going upstairs. These results were so unsatisfactory that we determined to try what a still smaller dose would do. To thirteen patients—all men this time—we ordered the drug in three-grain doses and in only four cases was any complaint made. These patients, however, suffered from the usual symptoms. One said "the medicine kept rising so that he could not keep it down," another complained that it "turned his lips blue, gave him a headache, and made him feel giddy," whilst the other two suffered chiefly from pain across the forehead.

It must be admitted that our experiences have not been altogether satisfactory. We have no doubt that nitrite of sodium is a valuable remedy, but we fancy most patients would prefer taking it in small doses. On reference to the literature of the subject, we find that several observers have met with unpleasant symptoms as the result of the administration of nitrite of sodium. In the discussion which followed the reading of Dr. Ralfe's paper at the Medico-Chirurgical Society, Dr. Ramskill said he knew of a young lady who, on taking the first dose, fell down with livid lips and staring eyes in a most alarming condition. Similar effects were observed in two other cases, and he considered it inexpedient to administer large doses (fifteen grains) to young persons. Dr. Ralfe has also met with cases in which toxic symptoms were developed. On one occasion he prescribed the nitrite in twelve-grain doses for three patients. Two were cases of epileptiform attack, and the other was a case of asthma. All three returned in a few hours with blue lips, in a state of semi-collapse, evidently poisoned by the drug.

A CASE OF TWO-HORNED UTERUS (UTERUS BICORNIS).

THE LEFT HORN NOT COMMUNICATING WITH THE VAGINA, AND DISTENDED BY MENSTRUAL BLOOD, FORMING A LARGE TUMOUR; SUPRA-VAGINAL REMOVAL OF UTERUS, OVARIES, AND FALLOPIAN TUBES; CURE.

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Miss L. S——, a farmer's daughter in Vermont, eighteen years old, was sent to me in April, 1883, by Dr. Ellis of Poultney, Vermont. She was a healthy girl, but had a worn look, as if she had suffered much from pain. The girth at the umbilical level was thirty inches and a half, and there was a globular tumour with thick walls filling the lower middle part of the abdomen and pelvis. The tumour was movable; it had no adhesion; fluctuation and impulse were both distinct. Tenderness of the abdomen was universal; the dulness extended an inch above the umbilicus. On auscultation no sounds were transmitted through the tumour. The right lumbar region was resonant, the left dull. The uterus could not be found. The vagina was filled with a tightly distended elastic tumour, which pushed the rectum forcibly backwards. Menstruation had begun at fourteen years of age. It had been irregular and deficient. Her appetite was poor; she also suffered from sleeplessness. Pulse was 100. She had dull pains in the pubic region, and suffered almost constantly from pain and tenderness. Formerly her left leg was swollen, but it is now normal in size. One year ago she noticed that she was increasing in size, and the tumour has since risen up and spread out. She thinks that there has been some periodical increase and diminution in the tumour. This,

somewhat detached account of the case, does not make sufficiently prominent the principal factor, and the one that induced me to operate—namely, the agonising pain. The patient said she was quite willing to incur the risk of any operation that promised the least hope of amelioration. On April 11th, 1883, I operated at the Carney Hospital. I made an incision from the umbilicus to the pubes, and on cutting through the parietes the marks of an old hæmorrhage (hæmatocele) were met with in the cellular tissues of the pubic region. On getting through this confusing mass of old blood-clot and muscular tissue, the peritoneum was opened. The tumour was found to have an adhesion to the omentum, to be semi-globular in shape, and to be incorporated with the floor of the pelvis, the rectum, and the bladder, and, in short, to be the uterus filled with fluid and distended to about the size of a small football or a large cocoanut. The right ovary and Fallopian tube were tied and burnt off. The left ovary was tied, and it was found that a mass of an irregular sausage-shape was connected with the left broad ligament and Fallopian tube. This mass puzzled me at first, and I could not tell whether it was intestine or tube, or a mass of hæmatocele, or an old aneurism. The anterior and lower pelvic regions were more or less filled with shreddy remains of old hæmatoceles. The globular swelling was now punctured and the cavity of the uterus emptied. Its wall at the seat of puncture was an inch or more in thickness. Several pounds of dark fluid blood without clots ran out and welled out. The cut surfaces of the uterus bled pretty freely, and were clamped. The uterus immediately began to contract in size, and was much smaller at the close of the operation than when the abdomen was opened. It seemed impossible to remove the whole uterus, as its lower pelvic portions could not be raised. A wire was passed round the uterus just above the bladder and as low as possible, but it broke. One of Mr. Wells's large ovariotomy clamps was then put on, and a large portion of the uterus and the left Fallopian and ovary were removed. An elastic catheter was passed into the cavity of the uterus (between the jaws of the clamp). The operation was performed under the carbolic spray, and the wound was dressed antiseptically. It seemed at first as if the os uteri might have been found, and the uterus drained through it, but the cavity I opened did not communicate with the vagina, and from the state of the pelvic organs it seemed to me that menstruation would go on, and perhaps the same state of things would be re-established as existed before the operation, or even a more serious one, for it would have been difficult to have kept the artificial cervix open, and there was a large wound in the roof of the uterus through which blood was constantly oozing; consequently I decided to remove all of the uterus that I could clamp, and also both ovaries and tubes, so that menstruation would be done away with. The patient suffered from considerable pain for two days, and thirty-six hours after the operation had a smart hæmorrhage. I was called at 1 A.M., and found the clamp loose, the uterine tissues having shrunk away from it. I tied beneath the clamp with carbolised silk, but the hæmorrhage had already ceased. Twelve hours later another slighter hæmorrhage took place. No more hæmorrhage occurred after this, but much black fluid blood was discharged upon the dressings and syringed out. The wound was syringed once or twice a day under the spray, and the tube was gradually shortened. The temperature during recovery varied from 98° to 102·5° (the latter on the second day), but averaged very nearly normal, and the pulse was never over 100. She left the hospital on the thirtieth day after the operation, and soon afterwards returned to the country, having gained flesh and strength and colour in her cheeks, and being wholly free from pain. There was a small granulating surface at the site of the wound, which was depressed, and looked like a second navel which had been pulled inwards. The os uteri could be felt in the upper part of the right side of the vagina, but a sound was not inquisitively pushed through it, as I preferred to let well alone for the present. I hope to see the patient at some future time, and shall perhaps be bolder in my investigations. The following is Dr. A. N. Blodgett's account of the specimen:—

"The specimen consists of the fundus and back of the uterus which has been amputated at the cervix. Attached is the left broad ligament, the left Fallopian tube, the left ovary, and a sac the size of a large orange, situated at the pelvic extremity of the broad ligament. The right ovary is present, but is detached from the other organs. The right Fallopian tube and broad ligament are not apparent. Upon the peritoneal surfaces of the uterus and the entire surfaces of the broad ligament are adherent remains of partially organised blood coagula, which hang as shreddy tufts from every part of the serous surface. Upon the posterior aspect of the broad ligament is a sac, the walls of which are composed of dense shreddy coagulum, but which has no present contents. The uterus is deformed, the left horn being greatly distended, forming an oblong conical pocket which is impervious at its superior extremity, there being complete atresia of the left Fallopian tube. The right horn of the uterus is apparently normal in size, and relatively very short. The section by which the amputation of the organ was effected passed through the body of the uterus at a point at which the left Fallopian tube still constitutes a separate cavity in the wall and body of the uterus, thus presenting two openings upon the amputated surface—one the cavity of the uterus proper, or perhaps better described as that of the right horn of the uterus, and the other the canal of the left Fallopian tube and left horn of the uterus. The wall of the uterus is very thick and dense; on the right side it is much thinner, and the thickness constantly diminishes towards the region of the Fallopian orifice. The tissues are at present everywhere wrinkled and contracted, but the uterus is said to have been the size of a child's head at the time of the operation. The present appearances are as follows:—From the seat of amputation to the top of the right cavity in the middle line the measurement is 5 cm.; from the same point to the extreme end of the cavity in the left horn, 11 cm.; thickness entire posteriorly, through both walls, 4·5 cm.; from side to side, 6 cm. The lining of the right uterine cavity is apparently normal in every respect, and is everywhere thrown into numerous minute folds. The lining of the left cavity differs from that of the right only in respect to the more natural arrangement and condition of the glandular structures of the mucous membrane, which are very striking in this particular specimen. Both canals are everywhere surrounded by normal uterine muscular tissues. The ovaries are of nearly equal size, and measure 4·5 cm. in length by 2 cm. in breadth, and 1·5 cm. in thickness. Their surfaces are covered by shreds of coagulum, and they are softened and elongated. Upon section of the right ovary a corpus luteum is found in the stage of greyish-yellow absorption, the cavity being linear and almost entirely obliterated. The contents was a mass of finely granular fatty detritus. No other corpora lutea were here observed. In the left ovary a number of firm, rounded bodies were felt, some of which bulge slightly above the surface, and are the size of a pea. There are also small superficial depressions of some parts of the surface covering the ovary. These being incised, led to sacs the size of a pea, containing a bloody fluid. The lining membrane of these small sacs was covered with columnar epithelium, the cells of which are often in a state of more or less abnormal fatty degeneration. The interstitial tissue of the ovary consists of a loose, long, spindle-celled connective-tissue structure, soft in feeling, and easily separated. In the left ovary no corpora lutea were observed. The left Fallopian tube was found, and its canal followed as far as the junction of the tube with the body of the uterus, where there is complete atresia of its lumen. Its canal is pervious for a distance of 11 cm. from the body of the uterus to its point of attachment to the before-mentioned sac contained in the broad ligament, at which situation the Fallopian tube is lost. Nothing like a fimbriated extremity can be found. The mucous membrane lining the tube is atrophied, and no ciliated epithelium can be anywhere discovered. The sac in the broad ligament is a cavity consisting of a membrana propria quite thick and elastic, which is at present thrown into loose folds, and an outer layer of peritoneum covered with fringes of organised blood-coagula like adhesions. The lining of the sac is everywhere covered with a layer of pasty matter of a dull-red colour, which proved to be grumous blood. Upon the posterior wall of the sac were found two distinct perforations in the lining membrane, which extended through the entire thickness of the membrana propria and peritoneum, and communicated by free orifices with the abdominal cavity. Other small perforations of the lining of the sac led down to deposits of grumous blood in the tissues, varying in size from that of a shot to that of a Lima bean. Upon the peritoneal surface of the broad ligament near the perforations is a large mass of blood coagulum, a portion of the hæmatocele below alluded to. No connexion between the sac in the broad ligament and the ovary is apparent, and no afferent bloodvessel can be discerned. The pathological condition

so far as this can be determined from the specimen is the following: There is essentially a double uterus, the two Fallopian tubes being prolonged towards the cervix so that in amputating the body of the organ two distinct canals are found. The orifice of the right tube communicated with the vagina, while there was complete atresia of the lower extremity of the left canal. The secretions of this cavity had gradually accumulated so as to cause a great distension of this portion of the uterine body. There is a distinct sacculated cavity within the outer portion of the broad ligament, which at present contains a considerable amount of grumous blood, and which communicates by two separate and independent openings with the peritoneal cavity, and which had evidently given rise to the large amount of shreddy coagulum at the seat of the peritoneal openings upon the broad ligament, and formed the source of the blood found in the pelvis as an old hæmatocele at the time of the operation. Several other openings of the membrana propria of the sac led to small isolated hæmorrhagic deposits in the tissues beneath, after the manner of a dissecting aneurism. In some of these small sacs the blood has the consistency of putty, in others the absorption of the blood has progressed to such an extent as to leave only a small deposit of colouring matter in the part. At the seat of the perforations above-mentioned the interior of the large sac is lined with a firm reddish-brown layer, similar to that seen in the cavity of a true aneurism when healing by obliteration.—Yours truly,

"(Signed) ALBERT N. BLODGETT."

MODIFIED AND ANOMALOUS SCARLATINA.

BY JOSEPH H. WHELAN, M.D., M.CH.
SURGEON IN H.M. NAVY.

OF late a few writers have been expounding the old hypothesis of the identity of the diphtheritic and scarlatinal poisons. But the hypothesis seems irrational, and is unsupported by any thoroughly reliable observations. One might suppose it possible by years of special culture to develop one ferment into the other, but it is against all sound evolution theory to suppose such to occur by the mere transmission of a little of the poison from one soil to another of similar or nearly similar constitution. There is not a tittle of evidence to show that the diseases are the same, the contagion being in different phases of development. The apparently transitional diphtheritic cases which occurred during scarlatinal outbreaks were modified scarlatina, while the genuine ones, which were rare, occurred by chance. Possibly the same mal-hygienic and meteorological conditions favour the contagia of both diphtheria and scarlatina. Medical writers seem to have ignored to a great extent the possibility of modified scarlatina, using the term in the same sense as we do modified small-pox. All authorities describe scarlet fever as an infectious specific fever, and state that the poison acts generally, though it specially attacks the tonsil, pharynx, the skin, and the kidneys. Now, what I wish to call attention to (the skin excepted) is that these special organs may be reattacked by the disease, while yet the other tissues are insusceptible to and uninfluenced, except sympathetically, by the contagium. In other words, the tonsil and kidney may become affected with scarlatinal inflammation, while the viscera, skin, and muscles may entirely escape. The contagium finding a pabulum in the susceptible tissues and increasing and multiplying therein. The patient has thus a modified attack of the disease, though, as far as he is personally concerned, he suffers from mild, short-lived, inflammatory affections of those organs. Of course the case may be widely different for those in his immediate vicinity. The following cases came under my observation while acting as locum tenens and assistant to Mr. Popjoy, J.P., of Accrington, during the late epidemic in that borough.

The first case to which I would call attention was that of Miss F——. One morning early in September she called at the surgery complaining of a bad sore-throat. At this time the fever was very prevalent in the borough. This young woman resided a distance from the town, but a day or two previously she had visited some friends in a street where scarlatina raged. When a child she had an attack of typical scarlet fever. On examination I found the tonsils much enlarged, and the pharynx and soft palate exhibiting an erythematous blush. Temperature 101° F. She had no premonitory symptoms the previous day, no languor, lassitude, malaise, or chilliness. She was given a mixture of aconite and belladonna, each dose containing one and two minims respectively of the tinctures, which was taken hourly. Next day word was sent that she was much worse, and that she wished the doctor to call. On visiting her, the tonsils were found larger and the temperature 103° F. No diphtheritic membrane was anywhere to be seen, nor did the skin present the faintest trace of an eruption. She was ordered to take the mixture half-hourly, and was given a chlorate of potass gargle. Next day she was decidedly better, and improved for three or four days, the temperature falling *gradatim* to 101° F. Then she began to complain of backache, and upon inquiring about the quantity of urine passed I was informed that it was very small, and that it appeared thick. On examining a specimen I found it loaded with albumen. There was slight puffiness about the eyelids. The temperature had again risen to 103° F. She was put on a mixture of aconite, digitalis, and citrate of potass, which increased the quantity of urine, and removed the lumbar pain. When the temperature fell to 100° F., iron and digitalis were substituted, and she quickly recovered, the urine becoming normal both in quantity and quality. Two or three days after this young woman manifested signs of sickness her sister, aged twenty-five years, suffered from sore-throat, but not nearly so severely. She too had an attack, and a very severe one, of nephritis, with intense lumbar pain, passing scanty, albuminous, and smoky urine. She made a wonderfully quick and complete recovery under similar treatment to that adopted towards her sister. When a child she had scarlatina. Again, within the borough a little boy had mild typical scarlatina, followed by nephritis and anasarca, from all of which he recovered. His sister, aged twenty-four years, complained a couple of days after the commencement of his convalescence of sore-throat. The tonsils were swollen and the whole throat red throughout, but at no time was there the slightest diphtheritic membrane discovered. The throat symptoms had existed only a few days when she was attacked with nephritis, accompanied by intense lumbar aching and scanty, smoky, and very albuminous urine, &c. She recovered completely under similar treatment to that adopted in the case of the others. When a child she had typical scarlet fever. Another brother, who too had scarlet fever when a child, was laid up with a sore-throat, which was speedily cured by minute frequently repeated doses of aconite and belladonna. No other symptoms followed in his case.

In these cases the pulse did not, on the supervention of the renal trouble, present the whipcord character denoting high arterial tension, which is usual when nephritis supervenes on ordinary scarlatina. Of course, one must not overlook the fact that in each case the patient was taking aconite before the renal complication occurred, and that this drug lessens the tonicity of the arteries, and "bleeds the patient into his own veins." The most noteworthy features were the early supervention and short duration of the nephritis, the very slight symptoms of anasarca, and the complete absence of the rash. I have never seen typical scarlatina in a patient who had suffered from the disease previously, though, of course, such cases have been recorded by indisputable authorities.

A few anomalous cases occurred. A child of fourteen months became suddenly feverish, and vomited, and there gradually developed in the submaxillary region two symmetrically placed tumours of stony hardness, which slowly extended and filled up the crevices behind the rami of the lower jaw. The temperature ran up to 105° F., and finally to 107° F., in spite of active treatment, and the little patient died convulsed on the fourth day without the least trace of an eruption. A few days after the infant's death its little sister, aged four years, was taken with exactly similar symptoms. On the fifth day she was attacked with severe pain in the lower part of the belly, and the ovarian region was excessively tender. The urine was scanty and high coloured, but not albuminous. She seemed, in fact, to be suffering from the metastatic ovaritis of mumps. The throat so far as could be seen seemed right enough till the sixth day, when the tongue became covered with a creamy grey fur, and the palate and pharynx seemed partly covered with the same, and were in other places of a dusky red colour. She was put on minute doses of aconite and pilocarpine, which brought out a distinct scarlatinal rash, and which was ultimately followed by desquamation Finally the throat became gangrenous

and gradually got worse, in spite of chlorinated, carbolised, and nitrate of silver washes in conjunction with sulphide of calcium internally, and the slough extended through the posterior nares into the nasal chambers. The cervical buboes continued throughout, but did not suppurate. As deglutition became very painful, the child, who was always headstrong, refused to swallow, and was fed by enemata for five or six days before her death, which occurred on the twentieth day of the disease from asthenia and blood-poisoning. It is well to remark that a couple of weeks previously to the fatal attack she was laid up with what seemed to be the commencement of noma vulvæ, but which quickly yielded to an astringent carbolised wash. One other case, at first similar to a great extent to this patient's, occurred, but finally the cervical buboes suppurated, were incised, and the little patient, after being in the jaws of death for a considerable time, recovered.

These cases presented difficulties of diagnosis in the earlier stages, and would in all probability at first have been set down as mumps were it not that scarlatina was epidemic in the borough at the time and numbers of children were dying, after twelve or twenty-four hours' sickness, of the suppressed form of the disease. Moreover, the appearance of the patients, who seemed from the first vitally stricken, and the excessively high temperatures, pointed to something more serious than mumps.

With regard to suppressed scarlatina, I may remark that pilocarpine seemed of much service in some of these distressing cases. The external application of ammonia, I accidentally discovered, was an extremely useful agent for bringing out the rash and in producing a reaction. In one case—viz., that of a child, in whom, on being called to see, I found the lungs congested—I ordered ammonia liniment to be applied to the chest, and was surprised to discover next morning that it had relieved the congestion and brought out a well-defined scarlatinal rash on the chest, which within a few hours extended over the whole of the body. Afterwards I tried it in several cases with decided success.

Finally, I may remark that but one patient came under notice suffering from diphtheria, and in that case the child returned from a friend's house with the disease well developed. A few weeks previously a child had died in the friend's house from membranous croup.

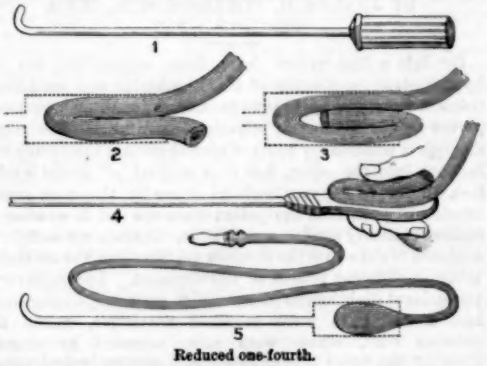
Haslar.

THE LITHOPHONE.

By JAMES McKENZIE DAVIDSON, M.B., C.M.,
ASSISTANT TO THE PROFESSOR OF SURGERY, UNIVERSITY OF ABERDEEN.

With an Appendix by ALEX. OGSTON, M.D.,
PROFESSOR OF SURGERY, UNIVERSITY OF ABERDEEN.

In THE LANCET of July 1st, 1882, I wrote a short article entitled "A New Mode of Detecting Stone in the Bladder—the Auditory Method." It was there stated that vibrations produced in a sound by its contact with a calculus were readily conveyed to the ear by means of an indiarubber tube, one end of which was attached to the handle of the sound, while the other was held to the ear, the ordinary bladder-sound being converted by this means into a kind of stethoscope. Direct experiment on the dead subject proved that the larger the bore of the tubing employed the better were the results. The largest bore of tubing thus used was three-eighths of an inch in diameter, which gave the greatest intensity. But the weight of a tube of that size was an obstacle to the delicacy of touch. This difficulty has been overcome, however, by attaching smaller and lighter tubing in a manner to be described, which gives equal intensity, but without the drawbacks of the larger and heavier tubing. I had always fastened the tubing by slipping it over the handle of the sound if the tubing had a bore large enough, but if the tubing had a small bore it was slipped on to a little projection from the handle made for the purpose. But the method of attachment that carries the greatest intensity of sound is as follows:—A piece of indiarubber tubing about twenty-six to thirty inches long, with a small bore (three-sixteenths to one-eighth of an inch in diameter) is employed. About an inch from one of its ends it is folded on itself, and this part is then held tightly against the handle of the sound, as shown in Fig. 4, care being taken that the long part of the tube that goes to the ear lies next the handle. It can be retained in position by a small clamp, instead of being held by the fingers. By this simple means greater intensity of sound is conveyed than by a tube of much larger bore, attached by merely slipping it over the handle. It is probable that the intensity thus attained is due to the part of the tubing pressed against the handle of the sound acting as a "drum." And by means of it the vibrations get transferred from the sound with little loss to the column of air within the tubing, and thence, of course, directly to the membrana tympani. To carry out this plan of fastening the tubing in a convenient manner I constructed a sound with a hollow cylindrical handle, open at the end like the mouth of a gun (see Fig. 1). The stem is of solid steel and nickel-plated, and does not differ from the short-beaked sounds now in use. The handle is two inches and a quarter long, and hollow, with a diameter of half an inch. Externally it has roughened longitudinal ridges, for convenience in manipulation. A smooth band along the anterior part indicates the position of the beak of the sound. This instrument can be used either as an ordinary sound or, when desired, tubing can be readily attached. A piece of small and light indiarubber tubing, about thirty inches long, is bent at one end, as before described, and the loop so formed is thrust into the tubular handle, as shown in Fig. 2. The other end, fitted with an ivory or bone earpiece (such as is used with the otoscope), is put into the ear, where it should remain fixed without requiring to be held. If the tubing be of very small bore, then its end may have to be folded or coiled, as shown in Fig. 3, in order that it may fit tightly into the hollow handle of the sound. It is always



Reduced one-fourth.

necessary that the part of the tubing that leaves the sound to go to the ear should be tightly pressed against the handle of the sound. A binaural arrangement can be easily made by taking a piece of tubing double the length (about four feet and a half or five feet long), folding this in the middle, and thrusting the loop at the bend into the tubular handle of the sound. The two free ends, armed as before with earpieces, are placed one in each ear. The note is thus intensified greatly, but for all practical purposes the single tube is quite enough. However, with the binaural two persons can listen at the same time, and so verify the diagnosis with greater exactness. A convenient form of lithophone is shown in Fig. 5. The same sound is employed as shown in Fig. 1, but instead of a simple indiarubber tube, one with a ball at one end is used. The bulb is egg-shaped, and barely exceeds half an inch in diameter at its widest part. It can be readily squeezed into the tubular handle, by folding the ball longitudinally and so introducing it into the handle, where it becomes tightly fixed by its own expansion. The other end is fitted with an earpiece. This instrument gives good results. The lithophone does not hamper the delicacy of touch in exploring the bladder. The tubing is light, and is attached in a manner which allows great freedom of movement. The exploration of the bladder is carried on by a combination of the senses of touch and hearing. A particle of sand weighing less than $\frac{1}{10}$th of a grain lying on cotton-wool was detected by hearing its contact with the lithophone. It could not be detected by touch alone when the tubing was detached. Of course this extreme delicacy is not required in the bladder, but it serves to show the sensitiveness of this auditory method. In ordinary

cases a common sound will do quite well, but in difficult and obscure cases there can be no harm in bringing an additional sense to our aid. It remains a fact that calculi are occasionally not detected even by skilled hands. And it is more than likely that the lithophone will prevent the general practitioner sending so many doubtful cases of stone to the specialist. The former, who sees as many cases of stone in a year as the specialist in a day, cannot be expected to possess the *tactus eruditus* to the same degree. But with very little experience he will soon learn to detect the unmistakable sound produced by the contact of the lithophone with a calculus, or with even a small fragment.

In the article before referred to it was an oversight of mine to call this auditory method new, for it appears the idea was first suggested in the *Irish Hospital Gazette*, 1873, a fact entirely unknown to me at the time.

APPENDIX BY PROFESSOR ALEXANDER OGSTON.

I am convinced that the lithophone only needs to be used to become a general favourite with surgeons. It is convenient and simple, as all surgical instruments should be, and, despite the opinion of authorities that the ordinary sound suffices for all cases, I feel sure that the ordinary sound is still too uncertain an instrument of diagnosis. A short familiarity with the lithophone has led me to acquire such confidence in it that in no obscure bladder case do I feel justified in dispensing with its assistance. The following instance will show that it can do what an ordinary sound fails to do; and at the consultation regarding this case all my infirmary colleagues, men well skilled in the use of the sound, formed I think the same opinion as I did regarding the superiority of the lithophone over the ordinary sound.

John B——, aged forty-eight, was admitted into the Royal Infirmary, Aberdeen, on May 14th, 1883, suffering from bladder symptoms which pointed to the probable existence of a calculus.

The following is an extract from notes by Mr. John Christie, the dresser, who had charge of the case:—"Two days after admission the patient was examined by Professor Alexander Ogston. He used an ordinary steel sound having a short curved beak, but by this means no stone could be detected. On May 18th he was again examined by Professor Ogston, on this occasion he used Mr. McKenzie Davidson's lithophone, and with the earpiece attached he was able to detect a stone by hearing the instrument strike against it, although he was unable to detect it by the unaided sense of touch. He afterwards handed the earpiece to some of his dressers, and they could distinctly tell him when he tapped the stone and when the end of the sound was merely touching the floor of the bladder, although Professor Ogston was not at the time able to tell by the unaided sense of touch when he happened to strike the stone. At a consultation with the other surgeons of the Royal Infirmary on May 21st, a similar result was obtained by the other surgeons, the lithophone invariably detecting the stone, when with the ordinary steel sound it could not be made out. It was resolved to crush the calculus, and this was accordingly done on May 25th. A lithotrite was introduced and the stone grasped. By the index on the handle of the lithotrite the diameter of the stone was found to be three-eighths of an inch in diameter. The stone was then crushed and the lithotrite withdrawn. The fragments were left to be evacuated in the urine, and during the last two days a fair amount of crushed pieces have come away. The patient soon afterwards left the hospital cured."

ON A CASE OF DIABETES INSIPIDUS.

BY THOMAS COLE, M.D. LOND., M.R.C.P.L.,
PHYSICIAN TO THE ROYAL UNITED HOSPITAL, BATH.

MISS S——, aged thirty, of delicate constitution, had been ailing for nearly two years. There can be no doubt that the cause of her illness was a species of blood-poisoning, from some defective sanitary state of the house in which she lived, for several other inmates were affected in a similar manner. She had boils, ecthymatous sores, and general malaise. On removing to another residence these troubles subsided, but she remained very weak. I elicited that for nearly eighteen months she had suffered from excessive thirst, so excessive indeed that she would drink everything she could obtain. The appetite was very bad, the skin dry, and the patient very thin and pale. She passed, on an average, about eight pints of urine daily, of very low specific gravity, and always free from albumen and sugar.

I commenced treatment with ergot, in gradually increasing doses of the liquid extract, until half an ounce of it every four hours was reached. This amount was exhibited for more than a week, and, much to my disappointment, without the least effect on the disorder. But, equally to my satisfaction, a fortnight's course of valerianate of zinc, five grains every six hours, completely cured the patient, the urine gradually but rapidly resuming its normal quantity and composition. Six months have elapsed, and the young lady is in the best of health.

Looking upon the disease as resulting from a derangement of the renal plexuses, and knowing that many cases had been cured by ergot, I was much disappointed by its failure. But it is quite possible that ergot acts on the disease by its general tonic influence on the arterioles, yet that cases do occur in which a stimulating effect of a deeper and more powerful character is needed to bring back the nerve centres to the full capacity of their regulating and controlling power. The zinc seemed to exert such action in this case, and faradisation probably acts in a similar manner; and I should have resorted to this had not the patient so quickly and strikingly recovered. Whether any connexion existed between the state of the blood from the unhygienic condition of the house and the diabetes insipidus is matter for interesting speculation, but it is obvious that any cause which induces defective vitality may initiate a want of vigilance in any great nerve centre, and thus, perhaps, account, among other things, for an escapade on the part of the renal bloodvessels.

Bath.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

CASE OF PARALYSIS OF THE SERRATUS MAGNUS ONLY, THE RHOMBOID MUSCLES BEING UNAFFECTED.

(Under the care of Dr. FERRIER.)

FOR the following notes we are indebted to Dr. Norman Dalton.

William W——, aged forty-two, applied at the out-patient department of this hospital on Aug. 10th, 1883, complaining of pain in the right shoulder. The following notes were taken:—"He is a labourer in a rice mill, and is frequently employed in carrying considerable weights on his shoulders, such as bags of rice. He is temperate, and has never suffered from venereal disease. His general health is good. He has never worked with lead, and there is no blue line on his gums. In February last a pile of rice bags fell on him as he was stooping, and he was thrown down, his right shoulder striking the ground. He does not seem to have been any the worse for this accident at the time. About three weeks ago he first noticed pain behind the right shoulder, and a sense of dragging at the shoulder when sewing up the rice bags. He had not been exposed to cold or wet in any way. His friends now noticed the prominence of the right shoulder-blade. He does not seem to have suffered any inconvenience from the paralysis which was found to exist, but the pain was severe, and caused him to apply for medical relief.

On examination it was found that none of his muscles were very highly developed. The digitations of the serratus magnus were not very evident on either side; but in striking forwards straight from the shoulder (a movement which he performed very awkwardly with the right arm), the digitations of the left side became distinct, while those on the right remained invisible. Examined from behind, the angle of the right scapula was found to project from the

chest wall, so that the tips of the fingers could be introduced between it and the ribs. The scapula was also drawn upwards and inwards, the lower angle on the right side being one inch and a half higher than that on the left, and half an inch nearer to the vertebral spines. When both arms were extended at right angles to the chest and in the same plane the right scapula became more prominent, and was pushed further backwards towards the middle line; in fact, the posterior border slightly overlapped the spines of the vertebræ. He was unable to raise the right arm much beyond this position in a vertical direction, but the movement could be executed for him by grasping the lower angle of the scapula and drawing it forwards. With both arms extended forwards at right angles to the trunk the right scapula became still more prominent and hump-like. The posterior border was in this position two inches from the vertebral spines, but nearer to them than the corresponding border of the left scapula. The right serratus magnus was found to have lost its faradaic contractility, while the response to galvanism was in excess of the normal. The reaction was sluggish and most marked on closure at the positive pole. The right thromboids exhibited a well-marked increase in their reaction both to faradaism and galvanism. This increase of reaction to electrical stimulation was found to exist also in the lower part of the trapezius, scapular half of the deltoid, levator anguli scapulæ, infra-spinatus, and the musculi teretes.

Remarks by Dr. FERRIER.—This case is a useful pendant and contrast to the one which I published and commented on in THE LANCET of June 9th. In that there was paralysis of the serratus magnus and also of the rhomboids, and I drew attention to the fact that the differences of opinion which have been expressed as to the position assumed by the limb in paralysis of the serratus magnus were due to the fact that the frequently associated affection of the rhomboids may have been overlooked. There the inferior angle of the scapula was lower on the affected side; here it was higher, and the posterior border was nearer the spine. The difference was due to the conjoint affection of the rhomboids in the one case, and not in the other. Whether the fall on the shoulder in February was really concerned in the causation is difficult to determine, but here, as in the former case, there was a history of continuous muscular strain on the parts affected. Though the rhomboids and other muscles of the shoulder girdle were not paralysed, yet that they were to some extent affected in their nutrition is shown by the increased electrical excitability. As the condition might be accounted for either on the theory of peripheral lesion or of a limited anterior poliomyelitis, the exact pathology is doubtful.

KENT AND CANTERBURY HOSPITAL.

A SUCCESSFUL GASTROSTOMY CASE; REMARKS.

(Under the care of Mr. THOMAS WHITEHEAD REID.)

JANE N——, aged forty-three, single, was admitted, under Dr. Gogarty, on April 13th, 1883, for dysphagia and vomiting after meals. She had been unable to swallow solids since Dec. 15th, 1882, and began to waste a month previously. From being a stout and active general servant, weighing 9 st., she had lost one third of her weight, wasted to a mere skeleton, and became almost too weak to stand. Her present condition was sad in the extreme; it was with great difficulty that she could swallow fluids; at night she was choked with saliva accumulating during sleep; and her whole colon was blocked with hardened fæces. A week after admission Mr. Reid saw the case with Dr. Gogarty, and it was agreed that surgical relief was imperative. An œsophageal bougie was arrested eleven inches from the teeth, and one the size of a No. 12 catheter would not pass the obstruction. There appeared also to be an enlarged gland deeply seated in the neck to the left of the middle line and below the thyroid.—29th: The patient weighed only 5 st. 7½ lb. She kept warm while in bed.

May 3rd.—A consultation of the whole staff was held, and it was finally agreed, with the patient's consent, to establish a gastric fistula.—5th: Mr. Pugin Thornton, being in the neighbourhood, saw the case with Mr. Reid and strengthened the decision previously arrived at by proving that the smallest bougie could not be passed into the stomach. Not till now had all the hardened fæces been evacuated from the colon. The patient, who had been fed latterly with peptonised milk in small quantities by the mouth, now had peptonised beef suppositories (Martindale's) administered, and for the next four days was put under the same conditions and regimen as were to obtain after the operation. On the 7th she weighed only 5 st. 6½ lb.; temperature 98·2°. On May 10th, under antiseptic precautions (bichloride of methylene being very carefully administered from a Junker's apparatus by Mr. Hubbard, the house-surgeon), assisted by his surgical colleagues, Mr. Reid performed the first stage of gastrostomy, securing a portion of the anterior wall of the stomach about the size of a crown piece, near its lesser curvature just below the œsophagus, by a single circle of sixteen interrupted catgut sutures, that passed only through its serous and muscular coats, and did not include the cut edges of peritoneum; the extremities of the skin wound were closed with five similar sutures, three arteries being tied with catgut ligatures; absorbent cotton-wool pads were applied next the wound. A tendency to faintness on the table and afterwards in bed was promptly met by subcutaneous injection of brandy by the house-surgeon. The temperature sank to 96·2°, but became 98·4° in the evening, and was 99·4° next morning; it never rose higher. There was no vomiting after the anæsthetic.—15th: Dressing removed for the first time; wound healed. Stomach was held up and punctured, a No. 12 catheter introduced, and five ounces of peptonised beef-tea administered. Previous to the operation, between its two stages, and for a week afterwards, the patient's urine was drawn off regularly, and she was fed by the bowel with alternate solid and fluid peptonised food every three hours. It was found that in this way (as suggested by Dr. Tyson of Folkestone) the thirst caused by the suppositories was best avoided. Ice was occasionally sucked, but no food whatever was allowed by the mouth during this period; and the stomach was but very gradually brought back to its full action afterwards. On the ninth day from opening the stomach the patient was exhibited to the members of the East Kent District of the South-Eastern Branch of the British Medical Association; she had then gained 2 lb. in weight, and enjoyed her 14 oz. of beef-tea in public with much relish. The patient did uninterruptedly well thenceforth, slowly gained flesh and strength, took cod-liver oil before meals, and enjoyed walks in the hospital grounds. She left on Aug. 3rd, 1883, weighing 6 st. 9½ lb. The smell of the ward dinners was always too much for her feelings; and it was found after she had left certain little upsets and choking fits at night had been caused by crusts and even old bones and bits of bacon (surreptitiously acquired in spite of all due care). Her power of swallowing improved greatly after the operation; she always enjoyed her afternoon tea (sometimes with a "nip" of brandy), though solid food was forbidden per orem. At one time she was permitted to chew her food before taking it per ventriculum, but this had to be given up because of the violent choking fits the increased flow of saliva gave rise to. She could distinguish between beef-tea and gruel in her stomach, infinitely preferring the latter.

Remarks by Mr. REID.—The above case came under treatment too late for the passage and retention of a tube in the œsophagus; in fact, swallowing had become so difficult that the patient must have inevitably died of starvation unless an artificial way into the stomach had been promptly established. The necessity for this was early appreciated, but the delay in operating was unavoidable owing to the blocked state of the bowel. Fortunately, skilled nursing and a tractable patient were conducive towards a successful issue. The operation was performed after the "method of Howse," and great comfort, both to the patient and all concerned afterwards, was found from keeping the opening into the stomach small, as suggested by Bryant (THE LANCET, May 6th, 1882); absolutely no regurgitation of gastric juice or food ever took place. No tube was worn in the fistula, but a No. 12 soft French catheter was passed as required for feeding attached to a syphon. The patient gained 1 st. 2½ lb. during the eleven weeks that elapsed between the establishment of her gastric fistula and her discharge from the hospital. After she left us, Dr. Lauder Brunton kindly admitted her into St. Bartholomew's Hospital, London, where, I believe, she may now be seen.

SOOREE CHARITABLE DISPENSARY.

A CURIOUS CASE OF MALPOSITION OF TOOTH.

(Under the care of Dr. GOPAUL CHUNDER ROY.)

NOGENDRA, a Hindoo lad, aged fourteen years, presented himself for treatment at the Charitable Dispensary for what he considered to be a tumour growing within the nasal cavity.

He noticed a foul smell in his breath about four months before, attended with catarrh and sometimes a bloody discharge from the left nostril. For the previous two months the growth had been observed to occupy the left cavity, where it seemed to be attached to its wall at its upper part, its free end was looking downwards in the shape of a truncated cone. Arrangements having been made for plugging the posterior nares, in the event of uncontrollable hæmorrhage, the tumour was seized with dressing forceps and extracted. It proved to be a tooth of the shape of a canine. There was very little bleeding after extraction, and this was stopped by alum lotion. The free extremity was covered by enamel, which stopped short at its junction with the root. The root was deeply embedded in the side and upper part of the antrum.

The boy had got his set of permanent teeth, with the incisors and canines entire on either side. There was no deformity of the jaw and no swelling or cystic formation. It was clearly a case of extra-follicular development and eruption of a tooth in a wrong place, the peculiarity being that whilst in reported cases of like nature the crown of the tooth shows itself at the floor of the nasal cavity from below upwards, in the present instance, by some freak of nature, the dental follicle was transposed, and the eruption was from above downwards.

The tooth has been sent to the English Royal College of Surgeons Museum.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Apoplexy. — Cerebral Aneurism. — Tumours of Cerebral Membranes.—Dislocation of Jaw.

THE ordinary meeting of the above Society was held on Friday, Oct. 26th, Sir Andrew Clark, Bart., President, in the chair. The sixteenth volume of Transactions was presented, and the President stated that it contained an account of all the living specimens exhibited at the meetings of the Society last session, and in this respect differed from the previous volumes.

Dr. CHARLTON BASTIAN related a case of Apoplexy in a boy aged fifteen, with intra-ventricular hæmorrhage and convulsions, death ensuing in four hours. Wm. N——, a healthy looking boy, was admitted under the author's care into University College Hospital at 7 P.M., on June 14th, 1883. Three years ago, according to his parents' account, after a "school treat" he, on the same night, became violently convulsed, and afterwards screamed for two or three hours. This attack was attributed to "sunstroke," probably with no sufficient reason. The boy is said to have speedily resumed his ordinary healthy condition. Three weeks before his death he complained of pain in the head, which soon passed off after taking a mild aperient. At 1.30 P.M. on the day of his death he ate a good dinner, and seemed in perfect health. About 5 P.M., after some slight exertion (he was on horseback at the time), he complained of pain in the head, and almost at once lost consciousness. He then became rigid, blue in the face, and from the accounts that were given, apparently convulsed. He remained insensible, vomited two or three times, and was brought to the hospital about 7 P.M. There was no history of a blow or fall upon the head. A bruit was heard at the apex of the heart, though there was no history of rheumatic or scarlet fever. On admission the patient was in a condition of stupor, though he put out his tongue and opened his eyes when told to do so in a loud voice. The tongue deviated slightly to the left side. The pupils were equal, of medium size, and sluggish. He moved the right arm and leg, the left scarcely at all. Face somewhat flushed. Pulse 84, regular; respiration 18 per minute; temperature in rectum 98·4°. About fifteen minutes after admission the boy vomited some undigested food. A little later he became rigid, and the face and extremities on both sides were clonically convulsed for one or two minutes. During the brief remainder of his life (one hour and three-quarters) he continued unconscious, and became convulsed at short intervals. His pupils were now, and remained till the end, small and quite insensitive to light. Breathing at this time was irregular and sighing. Pulse at the same time about 40, very slow, irregular, and intermittent. At first the convulsions just referred to recurred about every five minutes. During these attacks there was rigidity of both legs and arms, as well as slight opisthotonos. The intervals between the paroxysms gradually diminished from five to two minutes. About fifteen minutes after the injection of a solution containing thirty grains of chloral into the rectum, the convulsive paroxysms diminished, and eventually ceased. The breathing, however, still continued of the same irregular character, though the pulse became frequent and regular. Mucous râles soon became audible all over the front of the chest, but up to the few moments immediately preceding his death the patient's lips were of good colour, his pulse was frequent, 120, but of fair quality. Suddenly he became livid, and loud râles were audible in the trachea. Death occurred in the course of a few minutes more. The rectal temperature had been taken on three occasions. Soon after admission it was 98·4°, but before death it had risen to 99°. At the autopsy, seventeen hours after death, nothing unnatural was presented by the dura mater or arachnoid, though the convolutions over the vertex were somewhat flattened. A subarachnoid extravasation of blood was found at the base, extending from the optic commissure backwards over and on each side of the pons and medulla, and thence upwards over the posterior border of the cerebellum. The upper parts of both cerebral hemispheres presented nothing unnatural, but about one ounce of blood was found in each lateral ventricle. The third and fourth ventricles were also full of blood-clot, and from the latter blood had evidently found its way out so as to produce the basal extravasation above referred to. In the nucleus lenticularis of the right corpus striatum another quite recent clot (about half an ounce) was found, from which a small laceration of brain tissue opened a way for blood into the lateral ventricle. The brain tissue immediately around the clot was broken up and macerated. No other lesions were found. No aneurisms, large or small, were discovered after careful search. The great vessels at the base of the brain were healthy. The heart was of natural size. The free edge of the mitral valve was thickened, opaque, and distinctly nodular. Aortic valves healthy. Both lungs were large, and semi-solid throughout, the increased consistence being apparently due to extreme congestion and œdema. This condition was most marked in the upper two-thirds of the left lung. Other organs healthy. The occurrence, Dr. Bastian said, of a rapidly fatal apoplexy from intra-ventricular hæmorrhage was a very rare event in one so young as the boy in question. No distinct exciting cause seems to have existed, nor could any immediately determining cause be discovered. No aneurism was found; there was no vascular infiltrating new growth, nor was there any appreciable disease of the great vessels at the base of the brain. There was no evidence to show that embolism had occurred as the first event leading on to hæmorrhage. The thickening of the edge of the mitral valve was chronic, and there were no vegetations from which embolic masses could have been derived, as in a case recorded in THE LANCET of June 16th, 1883, p. 1042, where embolism, an adjacent hæmorrhage, and subsequently fatal intra-ventricular hæmorrhage occurred in rapid succession in a girl, also aged fifteen years. It seems highly probable that at the time of his admission into the hospital the patient was suffering from hæmorrhage into the right corpus striatum, that soon after admission (possibly as a consequence of the act of vomiting) a further bleeding began to take place into the ventricles, with ultimate distension of the fourth ventricle and extravasation of blood over the base of the brain. This latter occurrence may have corresponded with the sudden failure of pulse and respiration immediately preceding death. The amount of blood extravasated was here much smaller than in the case of intra-ventricular hæmorrhage subsequently detailed. The rate at which the blood was poured out was probably also much slower. Hence in the boy there were more signs of irritation of the ventricles, whilst those of shock were far less marked. Tonic convulsions were frequent in this case and absent in the other. The rectal temperature in the boy had probably never been reduced to a very low point, seeing that at the expiration of two hours from the onset of the attack it stood at 98·4°. Subsequently the tendency to lowering of temperature from a continuance of the cerebral hæmorrhage was probably rather more than antagonised by the tendency to elevation of temperature due to the frequently recurring convulsions, seeing that just before death it stood at 99°.

Dr. BASTIAN also related a case of Rupture of a large Aneurism in the Right Corpus Striatum, with intra-ventricular

hæmorrhage and extreme lowering of rectal temperature. Thomas R——, aged sixty-seven, a man of intemperate habits, was intoxicated on the night of October 18th, 1881. The following morning he left his house sober at 7 A.M., and one hour afterwards was brought to University College Hospital in an insensible condition, and admitted under the care of Dr. Bastian. He had been seen to stagger and fall sideways in the street, but did not strike his head in falling. On admission he was profoundly comatose. Breathing slightly stertorous, slow and regular. Pulse 65, soft, irregular, and slow. Head and extremities cold; skin pale and clammy. Left eye completely closed; right eye partially so. Pupils equal, insensitive, very small. Slight rigidity of extremities on right side. Left arm quite flaccid, and the left leg more so than the right. This was the patient's condition when he was seen at 10 A.M. After the application of a hot flannel to the cardiac region the pulse improved, becoming 72 and regular, and it did not vary perceptibly till just before the patient's death, five hours after admission, when it again began to fail. At 10 15 the temperature in the rectum was taken, and found to be 94·5°; at 11 A.M it was 94·5°; at 11.30, 94·4°; at 12, 94 4°; at 12 30, 94 6°; and at 1.15 (just after death), 95°. The coldness and pallor of the skin continued throughout. The pupils enlarged slightly one hour after admission (remaining still, however, distinctly smaller than natural), and continued so till death. Stertor increased slightly about forty minutes before death, at 1.10. Some urine drawn off after death was found to contain no albumen. At the autopsy the calvaria was found to be extremely adherent to the dura mater. After efforts to separate them, they were both removed together, when some clots and semi-fluid blood welled from the base over the frontal lobes. During the removal of the brain itself also semi-fluid blood escaped through small rents in the right temporo-sphenoidal and the right orbital convolutions. After the removal of the brain a quantity of blood was found covering the anterior and middle fossæ of the skull, and thence extending into the vertebral canal. Over the base of the brain there was a large effusion of blood beneath the arachnoid, extending from the optic commissure over the pons, medulla, and hinder part of the cerebellum. The lateral ventricles were both very greatly distended and full of blood-clot. When this blood had been removed, the superficial portion of the right corpus striatum was found to be much torn and shreddy. At the bottom of the space thus formed a large aneurism was found about the size and shape of a small chestnut, three-quarters of an inch in diameter. In the thin wall of this aneurism a hole about one line in diameter was found. The third and fourth ventricles and the passage between them were all distended with blood. The great arteries at the base of the brain were not notably diseased, nor after careful search were miliary aneurisms found in any part of the brain. The kidneys were slightly granular on the surface, and their capsules thickened; the cortex was slightly wasted in each. Other organs presented no noteworthy changes. Dr. Bastian said he did not know of any recorded case of apoplexy in which the rectal temperature had fallen so low as 94 4°, and in which it remained so near to this point for a period of three hours. In only two of the cases recorded by Bourneville did it ever sink as low as 96°F. (35·4° C.). It rarely, indeed, sinks lower than 96 5°. The prognostic value of such a sign is great, and therefore he had been induced to place this case on record. It is, however, an interesting one in other respects. He had also been unable to discover the record of any case in which so large an aneurism has been found embedded within the substance of the brain, and formed upon one of its smaller vessels. It is rare even to find one so large situated upon the basilar or middle cerebral artery. Yet this large aneurism was evidently formed upon one of the small arteries that come off directly from the first part of the middle cerebral and enter the nucleus lenticularis. The rupture of such an aneurism so situated led to the extravasation of an extremely large quantity of blood. In this connexion it is remarkable that the pulse and respiration should not have been more disturbed. Probably some distinct increase of the extravasation already existing caused their ultimate sudden failure. The absence of convulsions in this case is worthy of note; and it is also well to bear in mind that if ventricular hæmorrhage be associated with a basal meningeal extravasation of blood the pupils will be rather contracted than dilated. —The PRESIDENT asked what the condition of the heart and arteries was in the first case. — Dr. BASTIAN said they were both apparently healthy to the naked eye.—The PRESIDENT called attention to the fact that while the urine was found not to contain albumen, the kidneys were found to be granular.—Dr. ANGEL MONEY asked whether the first case had marked cyanosis. Brown-Séquard has shown that some lesions about the fourth ventricle cause a great lowering of temperature, due, he thinks, to the abolition of all power of metabolism in the tissues; and in these cases the venous blood was hardly darker than that in the arteries. — Dr. GLOVER asked if more than one thermometer was used in the latter case. —Dr. TURNER asked if the aneurism was embedded in the corpus striatum, and, if so, why no symptoms were produced by it. He had always found marked thickening and epithelial growth in the arteries in cases of miliary cerebral aneurisms, and he thought there was often a periarteritis preceding the aneurism, which weakens the artery. Escape of blood from the artery then dilates the thickened sheath into an aneurism.—Dr. PASTEUR said that the thermometer used was a special one that was accurately tested.—Dr. ALTHAUS had noted a fall of temperature to 95 5° in apoplexy, but the rule was for it to rise afterwards. A great fall was always of serious import.—Dr GREEN said the first case was of great interest as one of hæmorrhage without discernible cause. He saw three days ago a case of hæmorrhage at the base of the brain not involving the pons with marked contraction of pupils.—The PRESIDENT stated that Sir James Paget had described fatty change in the arteries of the brain of young people who died of intra-cranial hæmorrhage.—Dr. BEEVOR asked if the convulsions in the first case were epileptiform.—Dr. BASTIAN said the colour of the blood of the first patient was not noticed to be abnormal. He had never seen so much blood effused in the cranium before as in the second case, and the lowering of temperature he thought was due to shock. The man was a very drunken bricklayer, and he had not noticed any previous cerebral symptoms. He thought that an aneurism might develope slowly and not cause symptoms. It certainly was an aneurism. The bleeding went on up to the time of death, and therefore the temperature did not rise. In the boy the kidneys and liver were normal, except that they were congested from asphyxia; the vessels also were healthy. The convulsions were at first due to effusion of blood around the corpus striatum, and later on by irritation of the lining membrane of the ventricles.

Dr. ALTHAUS read the particulars of a case of Syphilitic Tumours of the Cerebral Membranes. The patient was a girl, aged fourteen, in highly respectable circumstances, without any history of congenital or acquired syphilis. Her illness began with gradual loss of power in the left side of the body, and cessation of the catamenia, and was diagnosed as a form of hysteria, and treated with iron and electricity. The patient, however, gradually got worse, and eventually sank into a comatose condition. Dr. Althaus only saw her once in consultation, about a week before her death, and then made the diagnosis of tumour of the brain, and advised treatment by perchloride of mercury and iodide of potassium. The principal symptom which led him to reject the idea of hysteria was the exaggeration of tendon reflexes in the paretic side of the body, which is indicative of structural disease of the nervous centres, while in hysteria these reflexes may be normal, increased, or diminished, but are equal in symmetrical parts of the body. In addition to this, there had been headache and vomiting; the paralytic symptoms had come on gradually, and pointed to a lesion in the motor area of the right side of the brain, while a marked degree of hyperæsthesia, which was likewise present in the affected side, rendered it evident that the lesion was of an irritative character, and also affected sensory areas. There had been no convulsive seizures which are common in some forms of tumour of the brain, but are not a necessary sequel of the disease. There was no choked disc, from which it was concluded that the intra-cranial space was not materially reduced, and that the tumour therefore was not of a large size. The post-mortem examination revealed a multitude of small nodular growths of a yellowish-grey colour permeating the pia mater and arachnoid, which latter were opaque, thickened, and adherent to the subjacent cortex. Many of these small tumours were disposed in confluent clusters, forming larger nodulated masses, and they were occasionally traced into the cortex and subjacent medulla. The lumen of the bloodvessels was much reduced by thickening of their inner coat, and accumulation of round cells, occasionally to occlusion; and the bloodvessels of the cortex were unnaturally engorged. Dr. Althaus discussed

various points in connexion with the pathology of the case, and remarked, amongst others, upon a peculiarly fetid smell exhaled by the skin of the patient, which is often found in syphilis, and which in doubtful cases may be of diagnostic importance.—Sir ANDREW CLARK asked if the thorax was examined, and whether there was fever at any time.—Dr. ALTHAUS said when he saw the girl the temperature was normal, and the pulse 100. Only the skull was examined.—Dr. MONEY asked if there was really any relation between the size of a cranial tumour and optic neuritis? This was not the general opinion.—Dr. BASTIAN asked what was the earliest time for tumours or pachymeningitis to arise after syphilitic injection. He had never known it earlier than five years, and more generally over ten years. It would be more interesting to know that syphilis was excluded in this case; such lesions might possibly arise from other general conditions. In a case of tubercular meningitis in a girl he found some ulcerations in the interior of the cranium just like syphilis, but there was really no reason to believe syphilis had existed. Other cachexiæ may produce results like those arising in syphilis.—Dr. GREEN thought it was very difficult to distinguish between syphilitic and tubercular lesions of this kind.—Dr. GLOVER had lately seen a case of tubercular meningitis in which the temperature never reached 100°. On the other hand, he thought the speculations of Dr. Althaus on the nature of the case scarcely justified by a mere microscopical report on the lesions.—Mr. BARKER had seen in a German periodical an account of researches by Auspitz, who mentions discovering the lesions described by Heubner in syphilitic arteries in other diseases besides syphilis.—Mr. PARKER said such lesions as these were occasionally found in congenital syphilis.—Dr. SMITH mentioned a case of congenital syphilis with pachymeningitis.—The PRESIDENT asked for the facts on which the diagnosis of syphilis was made. He felt convinced that the anatomical structure without life history was insufficient for this diagnosis.—Dr. ALTHAUS accepted the diagnosis on account of the anatomical conditions. The girl was not cachectic; she had previously been perfectly well. He could find no trace of primary or secondary syphilis, nor of congenital syphilis. He had seen cases of this kind two years after the syphilitic infection. Optic neuritis is more common in large tumours.—The PRESIDENT thought many of the facts were applicable to tubercular disease.—Dr. ALTHAUS said the progress of the case was too continuous for tubercular meningitis.

Mr. C. HILTON GOLDING-BIRD related a case of Dislocation of the Jaw, reduced after eighteen weeks. The patient, a sailor, aged twenty-two, sustained a double dislocation of the jaw whilst gaping on May 2nd, 1883. Unable to obtain any relief where he was, he eventually returned to England, the dribbling of the saliva having now ceased, and the jaws being closed to within three-quarters of an inch. On August 31st the first attempts were made at reduction under chloroform, by manipulation with the thumbs in the mouth by pressing up the chin forcibly, the wedges being placed between the molars, and by Nélaton's method of pressure directly upon the coronoid processes. The position of the jaw was not improved, but adhesions were broken and the jaw rendered more movable, though still in the vicious position. A week later, September 2nd, Nélaton's plan was tried again, and after two attempts the right side was reduced; the left was now easily replaced, and direct pressure on the chin backwards brought the lower front teeth into their normal position behind the upper. In a few days the patient was discharged from hospital well. The author expressed his opinion that whilst the coronoid processes were in contact with the malar bones, yet the main obstruction to reduction lay in the eminentiæ articulares, in spite of the high opinions that were expressed to the contrary. He believed the case of eighteen weeks' standing to be, with Pollock's of four months', the longest after injury in which reduction had been quite successful.—Mr. PICK asked Mr. Golding-Bird if there had been return of the dislocation. The liability to relapse is the great trouble in this injury. He was reminded by Mr. Pollock's case of a woman admitted with double dislocation of the jaw of four months' duration. It was reduced by a tourniquet passed over the jaw and head with wedges between the molar teeth. No recurrence took place.—Mr. GOLDING-BIRD had not seen the man since a fortnight after the reduction.

Mr. Berkeley Hill showed a case of radical cure of Femoral Hernia.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Presidential Address—Cholera.

THE introductory address at the opening meeting of the second session of this Society was delivered at the West London Hospital on October 5th, by the President, Dr. J. L. W. THUDICHUM. The speaker recalled the names of the founders, Messrs. Keetley and Schacht, and said that the Society had been happy in obtaining for its first president so accomplished a gentleman as Dr. Hart Vinen. To these gentlemen and the interest taken in the Society by its members, its immediate and great success was due—a success so unequivocal that the last session had been continued for three months beyond the original programme. The Society now counted 145 members, and to judge from the great number of new proposals it was likely to increase in extent and usefulness. The papers read during last session had been of great interest, and the clinical cases and pathological specimens brought forward had been instructive and important. The speaker next adverted to the failure of the Medical Bill, and hoped that next session the profession would obtain the long-desired reform, an admission to the profession through a high portal in each kingdom and a direct representation of the medical profession on the Medical Council. Alluding to the proposed new Pharmacopœia, the speaker said it appeared to him that however competent the committee appointed might be in their relative specialties, the profession in its medical capacity was scarcely represented, and yet considerable reforms and amendments in the Pharmacopœia were unquestionably needed. Passing to a consideration of the general position of medical science, he mentioned the efforts lately renewed to increase the power of therapeutics. The Clinical Society had been founded to aid in the discovery of better methods of treating disease, with what success they must judge for themselves. Now a similar movement had sprung up in Germany, by which it was intended to discover new remedies to put practical medicines on a par with pathology, which had got in advance of it. This movement operated by an annual congress and a yearly volume of Transactions. In all these efforts there was one factor constantly neglected—viz., the chemical condition of the healthy and sick animal body. Neither diseases nor the effects of remedies could be completely investigated before the normal chemistry of the body was fully understood. There should therefore be laboratories of research established in all large hospitals; in these the purely chemical diseases, no less than the diseases caused by microbia, should be investigated. The study of the chemistry of microbia themselves is far advanced in this country, but it had to contend with much misapprehension. Thus they could read in many publications of "sepsin" as a substance coming from putrid animal matter. But the truth was that this "sepsin" was a substance which had been once extracted from putrid yeast and had not been obtained in two further experiments by the same authors. It was a mere vegetable alkaloid, having no cohesion with any datum in pathology, and the inferences as to blood-poisoning and septic disease in general drawn from it were entirely imaginary. The chemical effects of bacteria upon animal matter were powerful and massive, as he had experienced when analysing the results of splenic fever upon an ox and rearing the bacteria of splenic fever on a large scale for the purpose of analysing the crops. These researches had convinced him even more than his general knowledge that the idea which some combined with the chemistry of microbia of a special poison to be searched out and counteracted, an idea no doubt engendered by the fallacy concerning "sepsin," was at least narrow if not delusive. Microbia had mechanical and chemical effects; the chemical products need not be potential poison, and many of them he knew were not poison, but a mere inert matter. They might endanger and destroy life, for life was carried on by means of living matter, and not by mere dead crystalloids. Every zymosis was the result of degradation of living matter down to the state of crystalloids. There was now a tendency to depreciate bio-chemical research, its comprehensive and successful method, and substitute for it attempts to discover the so-called disease poison by short cuts after the sepsin pattern. Such attempts were doomed to fail. Remedies for the great diseases, direct cures, were no doubt sorely wanted, but they could come only out of a

complete chemical knowledge of disease processes, including the pathologenes caused by microbia, and any and all poisons which they might produce, and the microbia themselves would also yield to chemical influence only. He hoped for a time when small-pox would be cured by a dose of medicine, and by repetition of the treatment be stamped out. He had greeted with joy the rivalry of France and Germany in the cholera field of Egypt, and regretted that this country had not also entered the lists for the scientific tournament. He would raise his voice for the maintenance of bio-chemical research, and relied for its appreciation on the medical profession. In conclusion the speaker thanked the Society for the honour of having placed him in the chair, and assured them that their interests would be safe in his hands.

Brigade Surgeon J. B. SCRIVEN, formerly civil surgeon of Lahore, then read a paper upon Cholera, in which he desired to speak, principally from personal observation, of the disease as it affected the Punjaub, and especially Lahore. When he lived in Calcutta previously to 1860, he did not believe cholera to be contagious; but having been in that year transferred to the Punjaub, he was gradually undeceived. He quoted from the speeches of Drs. Ewart and Lewis, at the Congress at Amsterdam last month, and from a report of his own on the cholera of 1862, to show that the ground on which the non-contagious theory rests is the same now as it was twenty years ago. It had been suggested that even Dr. Parkes' views, had he been alive now, would have been shaken by the evidence of the present day; but Mr. Scriven believed there was no new evidence, otherwise it would have been brought forward by the above-mentioned distinguished men, who represented the English Government at Amsterdam. Dr. Parkes himself was a convert from the non-contagious view, and it is not likely that he would readily have reverted to his original ideas. Dr. Lewis further stated that cholera had never been carried to the Andaman Islands, though these were in constant communication with Calcutta. It appears, however, from Mr. Macnamara's treatise (p. 256-58) that the disease had been twice carried thither from Calcutta—viz., by the steamer *Arracan* in 1864, when fifty-one convicts were attacked by it, and again in 1865 by the *Golden Fleece*. In the Punjaub, personal observation has convinced almost all the medical men of that province, that cholera spreads by human intercourse. Epidemics occur there now much more frequently than formerly; those of the present century have been in the years 1805, 1813, 1827, 1845, 1856, 1861–62, 1865–66–67, 1869, 1872, 1875–76, 1879, 1881; the intervals being 8, 14, 18, 11, 5, 3, 2, 3, 3, 3, and 2 years. This difference cannot arise from deterioration of sanitation, which is well known to have improved; and Mr. Scriven knew no cause except the immensely increased traffic and the greater rapidity of travelling. The epidemics of 1861 and 1862 the author had shown in his report on the cholera of 1862 to have been really one and the same.[1] The most marked diminution in the intervals began in 1865, and corresponded to the opening of a continuous line of railway from Calcutta to Delhi in August, 1864.[1] But not only does cholera come oftener, but it arrives much earlier in the season now than formerly, and this corresponds with the opening of railway communication between Delhi and Lahore. Looking back at the epidemics that have occurred since the annexation, of which only we can obtain details approaching to accuracy, we find the results here given in a tabular form.

Railway communication.	Year.	Arrival at Lahore.
No railway	1856	August 6th
——	1861	July 31st
32 miles of railway	1862	July 22nd
45 miles of railway	1865	Did not come
——	1866	December
——	1867	April 24th*
219 miles of railway	1869	June 16th
Railway complete	1872	May 12th
——	1875	August 3rd
——	1876	June 15th
——	1879	April 19th*
——	1881	June 5th

Distance from Delhi to Lahore (by railway) .. .. 348 miles
Distance from Delhi to Lahore (by road) .. .. .. 300 ,,
Distance from Hurdwar to Lahore .. .. 272 ,,

* Hurdwar fair.

Thus before the Delhi and Lahore Railway became an important factor, we have only the exceptional year 1867 in which the cholera reached Lahore before the last ten days of July; whereas, after it became an important factor, we have only one year (1873) in which it was later than the middle of June. 1867 and 1879 were the two years of the duodecennial gathering of pilgrims at Hurdwar. Circumstances were specially favourable for the rapid propagation of the disease, and in both years it travelled exceptionally fast. It is interesting to compare the two journeys, which may be done with the help of the following table. The cases were precisely parallel, with the single exception of the absence of railway in 1867.

Dates of First Cases of Cholera.

Miles from Hurdwar.	——	1867.	1879.
— ...	Hurdwar ...	April 12th ...	April 12th
90 ...	Umballa ...	,, 15th ...	,, 15th
156 ...	Loodiana ...	,, 18th ...	,, 14th
191 ...	Jullunder ...	,, 19th ...	,, 14th
240 ...	Umritsur ...	,, 21st ...	,, 15th
272 ...	Lahore ...	,, 24th ...	,, 19th

It thus appears that the railway expedited the epidemic by about five days. Again, the non-contagionists say that attendants on cholera cases are remarkably exempt. This, however, is by no means universally true. Mr. Macnamara tells us that at Mecan Meer[2] in 1861, in one European regiment "out of a total strength of 1002 men, 863 were employed as hospital orderlies, and of these no less than 428 were seized with cholera. In the other regiment, of 203 cases of cholera, 137 occurred amongst hospital orderlies." On the same occasion the native establishments escaped. Medical men often have a special immunity, because they take proper precautions when these are possible; but a great number of them suffered in India in 1879. Indian native attendants, it is true, are wonderfully exempt, but this doubtless is due to their habit of bathing before they eat, which they would consider especially incumbent upon them after handling Europeans. Dr. Cuningham, in his paper read before the Epidemiological Society in July last, speaks of the signal benefit of moving a cholera-stricken regiment "about a hundred miles away," in order to take it out of the cholera area. It is an unquestionable fact that some places are beyond the cholera area—i.e., if cholera be carried to them, and even if the carriers die, the disease does not spread. This is true of Mooltan in the Punjaub; also probably of Mount Aboo in Rajpootana, and of the Andaman Islands. But Mr. Scriven had found in the case of the lunatic asylum at Lahore, on several occasions, that if each person was made to bathe and dress in clean clothes, and to leave every personal appurtenance behind, removal to a distance of *one* mile *within* the cholera area was sufficient.

The paper was then discussed by the following members:—R. Richardson, J. Thompson, F. N. Alderson, C. W. Pridham, Robert J. Lee, E. Hart Vinen, W. Sinclair Thomson, J. L. Thudichum, and also by a visitor, Surgeon-Major Hendley.

Mr. J. R. LUNN showed a specimen of Gastric Ulcer, also one of Retained Placenta resulting in puerperal fever and death.

CHARING-CROSS HOSPITAL MEDICAL SOCIETY.

A LECTURE on Cholera in Egypt was delivered on Friday evening, the 26th ult., before this Society by Mr. JAMES CANTLIE, senior assistant surgeon to the hospital, who has lately returned from Egypt, where he had been engaged as one of the special medical mission. Sir Joseph Fayrer, K.C.S.I., occupied the chair. Mr. Cantlie prefaced his remarks by stating that the present epidemic in Egypt was interesting, as being the first time on record in which cholera had existed in any country independently of the disease prevailing at the same time as an epidemic in India. The lecturer in a quaint, interesting, and instructive manner gave a lucid account of his impressions and experiences. The filthy state of the town in which he was engaged was minutely entered into in all its details. The appearance of a cholera patient was exactly drawn, and of all the drugs employed in treatment lead and opium in decided doses at the outset of the disease, were alone found to be worthy of being called successful. For the first time has anyone traced the history of the disease in Egypt as following a particular

[1] The only break in the line after this was at the Jumna river at Allahabad, the bridge over which was not completed till August, 1865.

[2] Macnamara's Treatise on Cholera, p. 194.

course. Commencing at Damietta, the lecturer pointed out that the towns higher up the Damietta branch of the Nile were attacked in succession—first Shirbeen, then Mansourah, and then reaching Cairo; it then took two courses—one up the Nile, the other down the Rosetta branch. Attacking Kafi Tayat and then Rosetta, it finally reached Damanhour and Alexandria. The last two towns being on canals derived from the Rosetta branch, and consequently furthest by water from the original seat of the disease, were attacked last. The possibility of the pollution of the river by fish ascending the stream was discussed, and a few remarks afterwards from Mr. A. H. Hooker seemed to give colour and strength to the idea suggested. The absurdity of the quarantine and cordon arrangements was dealt with in a telling way, and an exact account of the quarantine arrangements at Brindisi, Malta, Suez, &c., was given. Sir Joseph Fayrer afterwards gave, in a lucid manner, a summary of his belief as to the cause, course, and treatment of cholera. The simile of attempting to keep back a swarm of locusts by a five-barred gate, as applied to the prevention of cholera by quarantine and cordon, was a particularly happy one. Mr. Bloxam, Drs. Watson, Longhurst, Cullimore, and others gave their experiences of previous cholera epidemics at home and abroad. A vote of thanks to the Chairman closed the meeting.

WIGAN MEDICAL SOCIETY.

AN influential special meeting of the above Society was held on Friday evening, Oct. 26th, by the kind permission of the mayor, Alderman Park, in the committee rooms of the borough courts. The President, Mr. Barnish, occupied the chair. The object of the meeting was to consider the "Compulsory Notification of Disease." After a lengthened discussion, it was decided that compulsory notification had many objections, and no advantages, over the present very general system of "voluntary" notification of disease by the medical men of the town.

Reviews and Notices of Books.

A History of Tuberculosis from the time of Sylvius to the present day. Being in part a Translation, with Notes and Additions, from the German of Dr. ARNOLD SPINA. Containing also an account of the Researches and Discoveries of Dr. Robert Koch and other investigators. By ERIC E. SATTLER, M.D. Cincinnati: Robert Clarke and Co. 1883.—The lengthy title of this book sufficiently indicates its nature. It will be remembered that in the spring of the present year Dr. Spina, the assistant to Professor Stricker of Vienna, published a monograph upon Tuberculosis, in which, after entering at length into the history of the subject, he described certain experiments and observations of his own tending to disprove the accuracy of Professor Koch's inference as to the etiological relation between the bacillus and tuberculosis. A controversy sprang up between Vienna and Berlin, and Professor Koch himself replied to the onslaught in a manner which showed that, admirable observer as he is, he was not fitted for controversy. Convinced of the truth of his own observations, he dealt less temperately than might have been expected of a man of science with the views of Dr. Spina and others who had ventured to doubt his conclusions. Dr. Sattler's closing words in this volume place the matter in its correct light. He says: "We are yet on the threshold of a great discovery, and it will require constant inquiry, patient investigation, and deep research before the true relation of bacilli to tubercle, and the part they play in their pathology and causation, are fully determined." The book consists of seven chapters, the first five of which are a translation of Dr. Spina's historical survey, which commences with the pathological anatomy and histology of tuberculosis, and then deals in turn with the various experimental researches by inoculation, inhalation, feeding, and by the inoculation with "pure tubercle-virus." The remaining chapters are devoted by Dr. Sattler to an account of Professor Koch's experiments, and to the very numerous investigations that have taken place in all parts of the world since the discovery of the bacillus, including Dr. Spina's researches. As the work is thus so largely based on the latter's "Studien," it is not surprising that the editor should have himself adopted a rather sceptical attitude with regard to the position claimed by Professor Koch. At the same time, Dr. Sattler is careful to be as impartial as possible, as may be gathered from the sentence above quoted. He has done good service in bringing this work before English readers; and when Dr. Koch's work upon Tuberculosis (which he completed, we believe, before his departure for Egypt) appears, we trust it will find as prompt and careful a translator as has fallen to Dr. Spina's lot.

General Medical Chemistry. By R. H. WITTHAUS, M.D., Professor of Chemistry, University of Vermont. London: Sampson Low and Rivington. 1882.—We have to apologise for the delay that has occurred in noticing this work; it, however, reached us somewhat late, and at a time when there was considerable pressure on the space at our command. The delay, however, has given us a better opportunity of making ourselves acquainted with it, and a minute perusal has convinced us of its high degree of excellence and thorough trustworthiness. It is a book that is much wanted, though probably it will be found more useful as a work of reference than as a text-book, and even then be of more value to the medical officer of health, the food analyst, the toxicologist, and pharmaceutical chemist than to the clinical physician and physiologist. Indeed, the parts referring to physiological and pathological chemistry are the weak points of the work; not that the statements are unreliable, but simply because much useful information has been omitted, and the material used too much condensed. In a second edition this should be rectified, and if the size of the volume must still be limited, the space required might be advantageously gained by cutting down much of the purely theoretical part of the work, dealing with the classification of the elements and carbon compounds. We have many excellent treatises dealing with this part of chemistry, but very few, and those confined to individual particulars, relating to its practical application to matters purely medical. If Dr. Witthaus therefore would consent to part with that portion of his work relating to general chemistry, or put it in a separate volume, and develop the more purely medical and technical part of the work he would supply a want at present much felt. That he is well fitted for the task is shown by the admirable chapter he gives to the consideration of "water" in all its chemical aspects. With regard to the chemical portion of the work, we cannot speak in too high terms of its thoroughness and completeness; for example, among the numerous reactions given for glucose, he describes the indigo carmine test, long overlooked and forgotten, thus anticipating Dr. Oliver in the revival of this elegant and useful urinary reagent for clinical purposes.

Rheumatism, Gout, and some Allied Disorders. By MORRIS LONGSTRETH, M.D., Physician, Pennsylvania Hospital. London: Sampson Low and Rivington. 1883.—The title of this work is misleading. It contains nineteen chapters, eighteen being devoted to the consideration of rheumatism and only one to gout. The work, too, seems a little behind the time. No notice is taken of the statistics with regard to results obtained by the salicylate treatment, contributed by the leading physicians of the metropolitan hospitals during the debate at the Clinical Society, 1881. We have looked in vain for any reference to the subcutaneous nodules, so well described by Barlow and Warner, as being associated with the rheumatic diathesis. The consideration of the relationship supposed to exist between chorea and rheumatism is dismissed in the following sentence: "Some of the other forms of manifestation of

rheumatism of a nervous character are chorea, hysteria, contraction of the extremities, tetanus, insanity, &c." The best chapter in the book is that devoted to a consideration of the various theories that have been started to account for the nature of the disease. The style is good and the arrangement clear, but a good deal more work must be expended on it to make it rank as a first-rate treatise on the subject.

Pathology and Treatment of Nerve Weakness. By C. L. DANA, M.D. New York: Trow's Co. 1883.—There is much more of treatment than of pathology in this little lecture, which was read at a meeting of the Practitioners' Society of New York in May, 1883. A view of the pathology of neurasthenia is propounded which is in accord with the teachings of a yet unformed molecular physiology. The number of means here given for disestablishing the neurasthenic state of molecular instability is certainly large enough: General principles; hygienic; internal medication in the way of sedatives, tonics, stimulants; surgical measures; electricity; hydrotherapy; revulsives and inhibitants; dry cups; massage (Weir-Mitchell treatment); special diet; and mental therapeutics.

Cholera a Disease of the Nervous System. By JOHN CHAPMAN, M.D. London: J. and A. Churchill. 1883.—This *brochure* is a sort of *réchauffé* of Dr. Chapman's work on Diarrhœa and Cholera, published in a second edition in 1866. It contains a letter in English addressed to the editor of the *Journal de Médecine de Paris* by the author, a French version of which was published by that journal in August last. The second part of the pamphlet gives in full the review of the work on Diarrhœa and Cholera, the writer of which appears to have been Sir Andrew Clark, Bart. It is sufficient for us to say that Dr. Chapman believes that all the phenomena of cholera are due to hyperæmia of the spinal cord and sympathetic nervous systems, and that the most efficacious remedy for the symptoms of the algide stage of cholera is the spinal ice-bag.

The American Journal of Neurology and Psychiatry. August, 1883. New York: B. Westerman and Co.—This well-printed quarterly journal deserves to meet with success. The third number now before us contains a variety of material, some being of considerable interest and value. Of this description we may mention Dr. Hoffmann's article on Researches in the Normal and Pathological Anatomy of the Grey Substance of the Brain, with remarks on Methods of Examination; A Provisional Communication regarding a case of Pons Hæmorrhage, with Descending Degeneration of the Stratum Intermedium," by Spitzka, one of the editors. The other original articles are:—Variola and Insanity, by Dr. Kiernan; On the Alleged Relation between the Speech Disturbance and the Tendon Reflex in Paretic Dementia, by Spitzka; Simulation of Insanity by a Criminal Lunatic, by Bluthardt; The Somatic Etiology of Crime, by Henry Howard; Alcoholic Insanity, by Lewis Mason; Report on the Recent Appearances observed Post mortem in a Case of Delirium Grave, by Clevenger; On the Brain of a Cat lacking the Callosum, by Burt Wilder; The Case of Diedrich Mahnken, by Landon Gray; A Case of Verbal Blindness with Right Lateral Hemianopsia, by McBride; and on an Authentic Case of Disappearance of the Tendon Reflex without ascertainable Pathological Basis, by Spitzka. This last article relates the case of a doctor who had been in the habit of producing the knee-jerk on himself from his youth upwards. During the last seven years the knee phenomenon could not be got on either side. We should be cautious in drawing any rigid inference from such facts. The disappearance may be due to local conditions, or is it too much to suppose that some other phenomena more explicit in their significance may yet appear in the course of time? The journal further contains a most refreshing review of Types of Insanity, by Allan McLane Hamilton.

New Inventions.

BED TABLE.

THE table, a woodcut of which is annexed, can be adjusted to the frame of any ordinary hospital or infirmary bed or cot, the steel legs giving considerable play. It is useful not only for the purposes of eating, reading, writing, or work, but it is found to have its advantages for many invalids who suffer from dyspnœa, and who breathe most easily in a sitting

posture with the elbows supported. It is manufactured and sold by Messrs. Mayer and Meltzer of Great Portland-street, and the simple method by which it is fixed to the iron framework of the bed is due to the ingenuity of Mr. N. H. Nixon, the secretary of University College Hospital, whose thoughtfulness for the comfort of hospital patients is worthy of all commendation.

"MEDICAL BULLETINS."

To the Editor of THE LANCET.

SIR,—I thank "A. R. G." for his communication, but his reference to the late Archbishop of Canterbury is unfortunate for him. No medical bulletin was ever issued during the last illness of the Archbishop. The medical attendants upon his Grace never signed a single bulletin or communicated a single written observation upon the case to the daily journals. They studiously avoided doing so. All the communications which were published were made by members of the family in answer to inquiries, which were incessant from all parts of the kingdom, from the Queen down to the smallest parish in the diocese of Canterbury. The medical attendants were not responsible for this demand for information upon the part of the public. When their names were published in the notices regarding the Archbishop's illness, such publication was made without their action in the matter.

Any attempt at secrecy would only be injurious to those most interested, and lead to misrepresentation. When therefore you, Sir, and other medical editors asked, for information upon the medical aspect of the case, that information was supplied to you with the consent of his Grace's family. If that information was republished in non-medical journals, the medical attendants are in no way responsible for it.

I disapprove of misleading or dubious statements, which are capable of being twisted in various ways, especially regarding those whose lives are public property, and when "A. R. G." has the privilege of being in medical attendance upon those who are occupying a high position in the world, he will soon find that the army of reporters who are catering for the daily papers will not allow him to make secret visits to illustrious individuals who happen to be seriously indisposed, but will publish the fact of that visit whether he will or no. Yours truly, ALFRED CARPENTER.

Grosvenor-street, and Duppas House, Croydon, Oct. 1883.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 3, 1883

WE note with much satisfaction certain signs of a disposition on the part of the Scottish Medical Corporations to pay some respect to public and professional opinion in regard to the conditions of the grant of their Fellowships. has been our duty—we will say our painful duty—to expose the utterly unsatisfactory way in which the Fellowships of the Scotch colleges have been given. Practically they have been sold for some years to anybody of slight age possessed of the humblest qualification in surgery, and who was able to get together a few ordinary testimonials. Actual instances are pretty widely scattered of the possession of these Fellowships by men who have in no way distinguished themselves. The actual facts of this system, which differs very little from the system of the bogus American Colleges, were elicited from Mr. MUNDELLA in Parliament by Sir TREVOR LAWRENCE. The scandal was the greater because the Fellowships so obtained were occasionally used as qualifications for high hospital appointments. In some of these cases, doubtless, the Fellows were personally and professionally worthy of the appointments, but in others it was a grievous hardship to men who had won a Fellowship by dint of great labour and loss of time, to be confronted by those who had become possessed of Fellowships by virtually a system of mere purchase. We have not one word to abate or withdraw in denunciation of such a system, but we gladly direct attention to indications that the bodies whose honour and fair fame were involved in it have practically accepted our criticisms, and have determined that henceforth their Fellowships shall not be given except on conditions of examinations. Such is the case at least with two out of three of the Scotch Corporations. It is some time since the Edinburgh College of Physicians determined that candidates whose petition for the Membership was received after March, 1882, should pass an examination, "except in the case of medical practitioners of ten years' standing, distinguished for scientific attainments, whom the Council may see fit to exempt." And in our impression of October 20th we intimated that the Faculty of Physicians and Surgeons of Glasgow have resolved that after a certain date their Fellowship shall be granted only after examination. The Faculty is contemplating another good resolution—viz., to withhold its licence in its single form, and only to grant it in conjunction with that of one of the Edinburgh Colleges. The Royal College of Surgeons of Edinburgh is said to have a similar proposal under consideration. We shall hope soon further to hear that it has followed the example of its sister Corporations, and determined to be more severe in the granting of its Fellowships.

Such movements on the part of the Scottish corporations justify a hope that they begin to realise the gravity of their responsibilities as examining bodies, not merely for Scotland, but for the British Empire. There is one other step which should be taken, if the Scotch corporations would put themselves into a strong and dignified position as examining authorities before the profession and before Parliament. They should reduce themselves numerically by one—i. e., rom three to two. There is room in Scotland for two corporations—a medical and surgical—though they would be stronger as a conjoint corporation. But there is nothing to be said for three Scotch corporations—two surgical and one medical. The fusion of the two surgical corporations has been in contemplation for a generation. It is foreshadowed in the fiftieth clause of the Act of 1858, which runs as follows:—

"If at any future period the Royal College of Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow agree to amalgamate, so as to form one united corporation, under the name of "The Royal College of Surgeons of Scotland," it shall be lawful for Her Majesty to grant, and for such College and Faculty under their respective common seals to accept, such new charter or charters as may be necessary for effecting such union, and such acceptance shall operate as a surrender of all charters heretofore granted to such College and Faculty; and in the event of such union it shall be competent for the said College and Faculty to make such arrangements as to the time and place of thei examinations as they may agree upon, these arrangement being in conformity with the provisions of this Act, an subject to the approval of the General Council."

Such an amalgamated body, under the title of the Royal College of Surgeons of Scotland, would be a very much more powerful corporation than either the Faculty of Glasgow or the Royal College of Edinburgh in their present disjointed form. It would be a national institution, and would command the respect due to such an institution. We are well aware that such an amalgamation cannot be forced from without, though outsiders may express their views upon it. And outsiders, as we have always maintained, are not a little interested in the strength and fame of bodies whose functions have widened from almost parochial to imperial dimensions. For ourselves, though we have not failed, and shall not fail, to criticise the action of the Scotch corporations, we are deeply interested in their prosperity and their reputation, and we should gladly see, before the reopening of the question of medical legislation, such spontaneous movements on the part of the Scottish corporations in the direction of reform as will supersede further strife, and place them in an honourable position in the medical arrangements of the future.

MUCH has been said and written of late years with regard to the expediency of admitting women to the regular practice of medicine. We consider it especially worthy of remark in this connexion that, of all the learned professions, that which is the most arduous and unresting should have been chosen as the first to be entered upon. This may be womanlike, but we cannot think it reasonable. There has been too little consideration for the due proportion between the means and the end. The conditions of medical practice, as they propose themselves to competent authorities in education and others, are typically exemplified in the daily life of the general practitioner, if we assume that he is general in act as well as in name—that he undertakes, as he is commonly ready to do when opportunity favours him, the performance of all the duties of his art, diagnostic and

operative. To prosecute thoroughly either of the two great divisions of medicine and surgery which come within the etymological meaning of the term physic, is an accomplishment sufficiently honourable, and, inasmuch as it usually implies the employment of leisure time in original work, more than sufficiently laborious. But the purpose of a qualifying diploma is to point to a complete and not to a partial proficiency, to certify proved attainments in both branches and in all their bearings, and to justify the use of therapeutic measures in their widest application. The medical profession, which is now probably second to none in exacting irksomeness, if it be pursued in its entirety, acquires every year additional pressure, and already gives ample proof that its terms of membership, as hard as they are vital, consist in natural selection by the survival of the fittest. The majority of those who follow it must always be men capable of fulfilling their duties under any circumstances and in every sphere of activity. They must be eligible for the needs of town and country, of every variety of climate, of armies in camp or on the march, and of battle whether by sea or land. When we take this wide view of medical duty, we confess that we cannot see how any doctrine of feminine fitness can be associated with it. Granted that women excel as nurses in similar circumstances, and no male ministrations can be so delicate or so grateful, we cannot for a moment admit that the comparatively irresponsible position of the nurse, relieved as it must be more or less by that consideration for her sex which usually limits her share of physical exertion among civilised peoples, is at all comparable to the state of mental, moral, and bodily wear and tear which constitute the lot of the practitioner.

Women are not sufficient for all the exigencies of medical practice either as regards their minds or their bodies. In particular, the impressibility and instability of their nervous system are apt to land them in error and incompetency. Moreover, their intermittent malaises, and the concomitants of matrimony, should that state be entered into, necessarily interfere with their continuous activity. As a matter of fact, those of their sex who have distinguished themselves in the art of healing have not usually tried to cultivate the whole field, but have been mainly occupied with one section, that of obstetrics, an indication at once of the bent of their inclination, and of the probable range of their usefulness. But it is not for the work of the *sage femme* that degrees in medicine are granted. The possession of such a grade implies that the possessor is able to put in practice the various professional powers with which he is accredited, and it presupposes a natural fitness resulting from personal qualities over and above mere student proficiency—qualities of endurance, will, and judgment, such as are common in an ordinary men, but are not usual in ordinary women.

We object, on other grounds, also, to the female medical graduate. In the first place, there is not, in the civilised world at least, any felt need for her services. Her own sex is satisfied with the attendance of honourable men. The calling of the physician, also, is in no need of countenance from its friends, but is, on the contrary, overcrowded with candidates. In the second place, women who become doctors forsake other opportunities of usefulness for which they are much better adapted, and some of which none but they can avail themselves of to the fullest extent. Among such occupations are numerous home duties, book work whether in literature or business, manipulation of delicate apparatus and work requiring manual dexterity in general—last, and of these unsurpassed in deserved popularity, the nursing of the sick. We commend to all the best hearts of their sex this form of treatment rather than that designated medical practice, as being as well within the powers of most of them as it is congenial to their nature.

How true in pathology is the observation that, in seeing, that which we behold is really contributed more by the mind itself than by the object present. The changed views of the origin of inflammatory exudations, of the elements of new growths, and of the genesis of bacilli afford abundant testimony to the truth of this psychological doctrine. Of one thing we may be certain, that the plurality of interpretations of any process is sufficient evidence of the paucity of facts concerning it. In many cases, for example, where we have to do with an extravasation of blood as the sole fact, several chief pathological causes of its occurrence may be enumerated. In the view of one pathologist it may be the blood which is at fault; in that of another it may be the blood-pressure which is wrong; a third may attribute the condition to changes in the vessel wall; whilst a fourth may assign the damage to the morbid action of the nervous system. The matter is indeed not less complex when we come to discuss the origin of the histological elements of tubercle or cancer. We know we are within the bounds of truth when we say that there is scarcely an element of the body which has not been mentioned as the possible source of the histological units of tubercle or cancer.

Ever since the serious study of embryology began, the parts played by the time-honoured layers of the germ of the embryo—the epiblast, mesoblast, and hypoblast—in the production of different systems of tissues have been looked upon by many as of an unalterable nature. And pathology has not been slow to take on the same principle of the exclusive origin of certain tissues from one lamina of the blastoderm. So it is that the epithelial origin of true cancer, so ably advocated by WALDEYER, is to-day the most prevalent view of the genesis of that disease. Nevertheless the opinion that cancer cells may arise by a transformation of units derived from the mesoblast has had, and still has, some able supporters. A fresh adherent to the views of MM. CORNIL and RANVIER in regard to this has appeared in the person of M. C. SAPPEY, who has already distinguished himself in the field of minute anatomy. (Vide THE LANCET, vol. i., 1883, p. 1136: the Histology of the Terminal Lymphatics.) The results of his latest researches, communicated to the Académie des Sciences, are brought forward to prove that encephaloid cancer ought to be recognised as resulting from a profound alteration of the leucocytes of the blood. This alteration is regarded as being at first essentially local. But whilst passing the primary focus of the disease, the white corpuscles of the blood become transformed, and may take one of three directions. Some corpuscles migrate from the capillaries to the diseased focus, and there become the centre of the formation of a tumour which tends to increase without limit. Others are carried to the lymphatic glands, which

soon undergo a secondary transformation. The third portion remains in the venous blood, and serves to propagate cancer more widely throughout the organism. Whether we consider cancer at its commencement, or in its course, or at its latest stage, it is always the white blood corpuscles which appear upon the scene and play the principal *rôle*. Such are the views of M. SAPPEY. He finds sufficient evidence in the following observations to warrant him in publishing the opinions given above. Examination of the blood drawn from the veins of an encephaloid tumour showed many leucocytes in the process of degeneration into cancerous elements. Leucocytes undergoing the same process were also to be found in the tumour itself, and similar changes were discovered in the circulation at large. We find it impossible, however, to concur with these latest teachings. The presence, in the venous blood taken from the neighbourhood of a tumour, of large cells with segmented nuclei and abundant fatty granules, is to our mind of very doubtful significance, and certainly of but little importance. If the units were really cancer cells, of which we have our doubts, there seems to us to be no reason for supposing that they were derived from the leucocytes. It is not at all improbable that the white corpuscles of the blood do assist in the formation of cancers and other new growths not necessarily of inflammatory origin. But on such scanty data to postulate the doctrine that the leucocytes are the source of encephaloid cancer can only be regarded as an illegitimate exercise of the scarcely scientific imagination.

IN January it was our sorrowful task to offer some remarks on the suicidal act of a respected member of our profession, who, driven by despair by the harsh and cruel events of his life, sought refuge in the oblivion afforded by the grave. The last few weeks have served to revive the memory of the past, and bring us face to face with one of the gloomiest and most painful histories it has been our lot to learn.

In Dr. EDWARDS'S case fate seems to have reached its victim through the medium of vague and groundless charges, and ere the law had time or opportunity to hold the scales of justice between the accuser and accused. The subject of this notice was, if possible, more unfortunate; for, as far as we are in possession of the facts, he seems to have been induced to seek and attain his own destruction not so much by the unproved charge against his honour and integrity as by the weight given to that charge by the semi-judicial sanction and support of the Public Prosecutor. Mr. HAFFENDEN of Bath-place, High-street, Kensington, in the routine of his professional duties had to attend a woman who was suffering from some affection of the uterine system, which proved to be pregnancy; but, inasmuch as this state may be complicated, and even simulated, by several pathological conditions which are sometimes diagnosed with considerable difficulty even by the most skilful and accomplished gynæcologists, it is, to say the least, uncharitable and unjust to suppose, without the strongest possible evidence to the contrary, that this was not the situation in which Mr. HAFFENDEN was placed.

The absence of any known motive, and of any attempt on the part of the accused to conceal the means to accomplish the offence with which he was charged, taken in conjunction with the fact that one of our leading obstetricians was prepared to swear on oath that the procedure adopted was in all respects judicious and proper, ought to have been sufficient to have led the director of public prosecutions to stay his hand before committing the irrevocable act. Against this it may be urged that only the condemnatory links in the chain of circumstantial evidence were at hand, and that the exculpatory ones appeared and grew in strength after the deplorable event. Such a position, however, is clearly untenable, for it goes to show that, had reasonable foresight and judgment been exercised, there would have been overwhelming argument against the course adopted. We do not undertake to say that the conduct of the public prosecutor was reckless or grossly negligent, but we assert that on the face of it the gravest charge against a man's professional character was made without the legal and medical facts necessary to support it. It is not only a question whether one may have committed a crime, but it is of the first importance that such a crime should appear probable, and that the evidence should almost to a certainty be strong enough to compel an impartial jury to convict. The innocent must not be sacrificed in order that the guilty shall be punished. Accusations like the one under consideration are easy to make, but difficult—nay, next to impossible—to disprove.

The breach in the continuity of an almost life-long tale of honourable toil and self-denial may be bridged over by Christian sympathy and charity, but its effects cannot be wholly removed. The pain may be gone, but the scar remains; and, say what we will to the contrary, to be legally acquitted is too often to be socially condemned. To Mr. HAFFENDEN ruin seemed not merely impending but complete. His brain was harassed by the realities of day and the spectres of night. No sleep, no food, and constant waste had their issue in the rash act of an enfeebled will and a desolated heart. We will not dwell upon the wrong-doing implied by the commission of suicide, nor will we further extenuate lest we appear to sanction it; but, with all the force at our disposal, we will protest against the proceedings that directly or indirectly led to the act, and say that the public prosecutor owes to the profession and the public at large a statement of the reasons that made him decide to take the course he did. We will go further, and say that, unless he can present a very different statement of facts than that before us, it is high time that he should seek and, to a great extent, be guided by the opinion and advice of competent medical assessors on what is, to our mind, mainly a medical question.

THE present aspect of cholera in Egypt is one involving new grounds for anxiety and watchfulness. The continuance of the disease in scattered groups in various parts of the country where the infection has never yet completely subsided, is comparatively unimportant; it is rather the renewed and steadily maintained occurrence of fresh cases in Alexandria where the epidemic had apparently been, some time past, stamped out, to which the main interest attaches. Cholera is a disease which has a tendency to maintain itself, after an epidemic outbreak in one season, by a series of ill-marked cases which form an almost continuous link with a renewed outburst in the following

season, and it is the fear lest the present recurrence of the disease in Alexandria may constitute the first links in such a chain that gives the special interest to the information we are daily receiving from the East. In one sense it would be less important if the newly reported attacks presented much the same virulence and fatality which characterised the attacks which occurred earlier in the year, for the occurrence might then be regarded as forming a final outburst before the infection was subdued by the winter season. This, however, is not the case; the type is much less virulent, and the fatality is by no means the same; although it is believed that latterly from two to eight cases have terminated fatally every day. The character of the disease, so far as the imperfect information at our disposal tends to show, is of a modified form, and were it not for the more acute attacks and for the past, though recent, history of the larger outbreak, a majority of them would probably not be regarded as cholera at all. These are precisely the cases which tend to constitute the obscure and subtle links to which we have referred, and it is of the more importance that they show themselves in Alexandria, because that town, having to an important extent escaped from the effects of the late epidemic, must contain within its limits a large proportion of population whose predisposition to receive infection has in no way been modified by a prior attack. The history of past epidemics, however, goes to show that for preventive purposes precisely the same measures are required to deal with any modified attacks as are needed in the case of attacks distinctly of the Asiatic type, and it is probable that, owing to a false sense of security following on the cessation of the epidemic, laxity of sanitary administration has sprung up in a city where the predisposing causes of cholera still abound. To remove these causes will be to remove some of the conditions necessary to the formation of a link between one epidemic in 1883 and a second one in 1884, and to this object those in authority should specially address themselves.

Annotations.

"Ne quid nimis."

MEDICAL SOCIETY OF LONDON.

AT the first meeting of the present session, held on Monday night last, the President, Sir Joseph Fayrer, prefaced the reading of Professor Lister's address with a few remarks on the general affairs of the Society, which has entered on its 111th year. He said that the occasion seemed to deserve special notice, as the commencement of a new and important era in the history of the Society. These allusions referred to the acquisition of the more commodious premises opened by H.R.H. the Prince of Wales in July last. He hoped that this the oldest Society in the metropolis, which had prospered so well, and which enumerated such a long roll of illustrious names as presidents, prizemen, and Fellows, would in the future vindicate its ancient renown. The Society had to deplore the loss by death during the past year of Dr. Robert Boyd, Mr. Ebsworth, and Mr. Field; and severe illness had deprived the Fellows of the services of their treasurer, Dr. Alfred Wiltshire. Sir Joseph then briefly referred to the work of the new session, and mentioned papers promised by Sir Andrew Clark and Dr. Stephen Mackenzie as of special interest. He also thought that the subject of the diagnostic and prognostic value of albuminuria would well repay discussion. The President concluded his remarks with the expression of his opinion on the futility of quarantine in preventing the propagation and diffusion of cholera. It will be remembered that Surgeon-General Hunter is to read a paper on Cholera in the course of the present session. A discussion on the paper read by Professor Lister, at the Society on Monday last, on the Treatment of Fractures of the Patella, and which is published in full in this journal, will be held on Monday next, November 5th. The question involves very grave issues, and should stimulate a good discussion.

LOCOMOTOR ATAXY NOT TABES DORSALIS.

MATTERS seem to have rapidly reached a height towards which they have for some time been tending. Before recent years it was something to know that locomotor ataxy was associated with, if not caused by, posterior sclerosis. A fresh and important step in advance, for which we are indebted to Pierret, was made when that able observer declared that the only region sclerosis of which was necessary for the production of the signs of locomotor ataxy was the postero-external column, or "root-zone" of Charcot. Many clinical investigators have shown that the most characteristic symptom of "tabes dorsalis" may be long or even altogether absent—that the awkward gait might never make its appearance. Coetaneously with the propagation of these doctrines—by Buzzard, Gowers, and others—Pierret, and afterwards Déjérine, were upholding the doctrine that most, if not all, the symptoms of "tabes dorsalis" might be due to multiple peripheral neuritis. In a partially successful case of nerve-stretching for locomotor ataxy by Langenbuch, the patient died at a second operation, apparently from the administration of chloroform. It was found that no changes existed in the spinal cord. Though the peripheral nerves do not seem to have been examined, the instance is of importance in the light of the latest researches of Déjérine. Disturbances of sensation and disorders of locomotion, apparently absolutely identical with the signs of classical tabes dorsalis, have now (*La France Médicale*, Oct. 30th) conclusively been shown to have existed in two cases in which the spinal cord, spinal roots, and ganglia were perfectly healthy, but in which the peripheral nerves exhibited the changes ascribed to atraumatic parenchymatous neuritis.

STRUGGLES WITH LUNATICS.

SOMETHING ought to be done to put an end to the very unseemly struggles with lunatics which every now and again excite indignation and create scandal. Last week a poor distraught fanatic, who had repeatedly roused the ire of the civic authorities, was dragged or carried off to a railway carriage face downwards. They do *not*, it would appear, manage these things much, if at all, better in France, for the papers have just been describing an exciting attempt to capture a madman in Paris, in the course of which grotesque exploit of ignorance several *gens d'armes* were wounded by a revolver. It is difficult to tell whether the inhumanity or the gross stupidity of these "struggles" is the more conspicuous. It is, of course, necessary that those who attempt to control the insane should make some "show of force"; but we must unhesitatingly affirm, not without practical knowledge of the facts, that violence is *never* either necessary or justifiable in the management of "madmen." We know well that many medical superintendents of asylums will be up in arms against this assertion, and "attendants" will laugh it to scorn; but this contradiction is simply the outcome of ignorance how to treat the insane. It is too commonly supposed that anyone who is fairly "good-tempered" and strong may be trusted to coerce a "mad" person. No misconception can be more preposterous. The personal management of a refractory

patient is as much a speciality as any other skilled performance. There are men who not only have no feeling of fear, but who are so gifted with power to tranquillise and inspire trust in the mind of a lunatic that their mere presence will allay a storm. The poor excited lunatic is the person to be thought of in these struggles, not the stupid cowards around. We have seen a madman pinned against the wall of a corridor kicking and striking so vehemently that not half a dozen strong men were safe in dealing with him, when in the midst of his fury he has caught sight of a pleasant fearless face, a wholly strange face he had never once seen before, and with one quiet word the storm has been stilled, the half-frenzied attendants have been waved aside by the new-comer, the madman has taken his arm, and all struggling has been at an end. This was how Pinel acted when he took the chains off his mad prisoners, and by that wise act put an end to the cruel old system. Policemen cannot possibly deal with the insane, and ought never to be allowed to try their hands at such a task. Nor are two-thirds of the attendants attached to asylums better qualified for the work. It is easy to see this, even on a casual visit to an average asylum. When magistrates have to deal with lunatics, they should send at once for experts in the art of lunatic-taming. There is such an art, and it is one that deserves more attention than it receives, even at the hands of those who make a speciality of the care and cure of the insane.

OUR MILITARY PRISONS.

THE Report of the Inspector-General of Military Prisons for the year 1882, which has just been published as a Parliamentary paper, is, so far as regards any definite information respecting the health of the prisoners, very unsatisfactory; indeed it is almost a blank. In commenting upon the reports for the three preceding years, we have called attention to their very meagre character, and to the unsatisfactory manner in which the data referring to health were stated; on the present occasion the compiler has surpassed himself in these respects, no information being given, either in the tables or in the extracts from the reports of the medical officers, as to the number constantly sick, the number of cases returned by medical officers as having received hospital treatment being manifestly incorrect, and the percentages of sickness being calculated, not on the average number of prisoners under confinement, but on the aggregate number who have been in the prison during the year. There is but one redeeming point connected with this, in the form of a note to Table 8—that "differences of practice and of opinion have led to diversities in the mode of compiling these medical statistics at the various prisons which have produced apparent discrepancies. Steps are being taken to remedy this in regard to future years." We trust that in these steps someone has been consulted who knows something of vital statistics, for it is evident there was no such knowledge on the part of those who prepared the existing forms. The returns are so manifestly incorrect that we do not deem it necessary to tabulate the results obtained from them. For instance, Chester returns 2 as the aggregate number of cases having received hospital treatment, "whether actually treated in the sick wards of the prison, or in a general, regimental, or detachment hospital"; while in the extracts from the report of the medical officer it is stated that "there were 625 cases of sickness among the prisoners, only one of which was of a sufficiently serious nature to require admission to the station hospital." We gather from the return that during the year 1882, of an average force of 90,075 men serving in the United Kingdom, there were 277 constantly in the civil and 1401 in the military prisons, being in the ratio of 18·63 per 1000. Only two deaths are recorded, one at Brixton and one at Lancaster. The highest proportion of sickness occurred at Brixton, and next to it at Millbank; and the lowest, if we omit Chester, already referred to, at Lancaster. We trust that the next annual report will give more detailed and correct information respecting the health of our military prisoners. The subject is of importance in its bearings upon the efficiency of the soldier when he returns to duty on the completion of his sentence.

THE PARKES MUSEUM.

THE annual general meeting of the Parkes Museum was held on Wednesday, Oct. 31st, at the Museum, 74A, Margaret-street. The chair was occupied by Sir Joseph Fayrer, K.C.S.I., one of the vice-presidents. The usual financial statement was read by the secretary, Mr. White Wallis; and, in reply to a question from Mr. Judge, Captain Douglas Galton, C.B., Chairman of Council, said that it was not proposed to issue another formal report until after the termination of the financial year in June, 1884. The report for the year 1882-3 was presented to H.R.H. the Duke of Albany on the occasion of the opening of the museum in May last. Sir Joseph Fayrer said that the progress of the museum had been encouraging; it had 190 members, and over 5000 persons had made use of it since the opening; but much yet remained to be done, and he hoped that there would be a steady accession to the number of members. A most interesting series of lectures had been arranged for the winter session. He drew particular attention to a lecture which Mr. Liddon, F.R.I.B.A., had undertaken to deliver, on "The Ventilation of Theatres," remarking that the matter was one which required to be taken up, as he felt confident that most of the London theatres were in this respect not in a satisfactory condition. Mr. Geo. Godwin, F.R.S., and Mr. Charles Parkes were elected Vice-presidents, and Mr. W. Lindley, M.Inst.C.E., and Dr. Thorne Thorne were elected, and Mr. Alfred Waterhouse, A.R.A., and Professor T. Roger Smith were re-elected, Members of the Council. A vote of thanks to Sir Joseph Fayrer for presiding brought the proceedings to a termination.

TYPHOID AT MONACO.

THE rock on which the antique little town of Monaco is perched has been visited by an epidemic during the summer months. This is certainly the most cleanly native town of the whole Riviera. Nowhere are the streets kept in better order or more exempt from unpleasant odours than in this prosperous principality; yet the houses suffer from those sanitary defects that are the result of the complete ignorance which prevails throughout the South of France on all matters affecting domestic drainage. The pail system prevails in most of the houses at Monaco, and this is carried out in the simplest manner: a pipe runs down the side of the rock, and here the pails and vases are emptied into the sea. But a contract has recently been made with a company to provide *tinettes*, and to remove these at stated intervals. Apart from the disposal of sewage proper, there are one or two sewers for carrying away the surface water and the kitchen water. These we should imagine to be a fertile cause of mischief, for they are not ventilated or flushed, and the pipes that communicate with them are not trapped. We visited one of the houses where there had been a death from typhoid fever. The street outside was perfectly sweet and clean, but the atmosphere in the shop on the ground floor did not seem very pure. When, however, we entered the room behind the shop, which was a sort of kitchen, we were assailed by a very unpleasant odour. There was a sink in the corner, and, on applying a wax match to the pipe, we found so strong a draught coming up from the sewer that the flame was extinguished. The sink pipe was therefore ventilating the sewer,

and this, too, in the room where the food was stored. It is stated that there have been altogether about a hundred and fifty cases of typhoid fever and thirty deaths, but they nearly all occurred at Monaco itself. In the low-lying district of the Condamine there were only a few cases, and in the fashionable quarter of Monte Carlo we are not aware of any outbreak. This epidemic is a very clear proof that mere surface cleanliness does not suffice to protect from infection, and that, unless measures are taken to intercept sewer-gas, danger is ever present. The lesson has been severe, and the authorities should accept the warning. The population of the principality barely exceeds 9000 persons, but it would be difficult to find a more wealthy district. Under such circumstances there is no excuse if proper precautions are not taken, and for this the advice of an English or an American sanitary engineer should be obtained.

OPERATING BY THE ELECTRIC LIGHT.

ON Tuesday last the electric light was used in the operating-room of the Royal London Ophthalmic Hospital, Moorfields. Mr. Lawson, Mr. Couper, and Mr. Tweedy each performed extraction of cataract, as well as other operations, including iridectomy for acute glaucoma and discission for soft cataract by the aid of the light. The day was well suited for the trial, as the early part of the morning was very foggy, and so dark that the operations could not have been performed without the aid of artificial light; later on the fog cleared off, and the room was then darkened, and several operations were satisfactorily completed with the aid of the new light. The excellence of the light for operations on the eye was well demonstrated, and we have no doubt that it will be shortly in use in most hospitals for operations by night or on dark days. The light was furnished by a platinum wire incandescent burner placed in a metal case, with a polished reflector behind and a lens in front of it. This was fixed on a movable stand, which could be carried in the hand of the assistant. With wires the lamp was connected with a bichromate of potash battery with four two-quart cells, each cell really holding only about one quart and half a pint of the solution, so as to allow of the immersion of the plates. The battery was furnished by Messrs. Weiss of the Strand.

HARROGATE AND ITS WATERS.

As we intimated a few weeks ago, the question of applying for a Charter of Incorporation for Harrogate has been warmly discussed. Both sides, led by legal advisers, have given their views pretty strongly before the Hon. T. H. Pelham, barrister. On the one side it is alleged that the present Commissioners govern the town very well, and make the most of the wells on which so much of the fame of the place depends. Those who think so say that a corporation would engender political strife, favour manufactures, and raise the rates. On the other side it is said that the wells and baths are not made the most of by the Commissioners, and that the government of the town is not satisfactory. It is argued by them, and especially by Dr. Myrtle and other medical men of the place, that a corporation would command more respect outside, and be able to make better overtures and representations to public bodies, such as railways or the British Medical Association. Dr. Myrtle thinks that the virtues of the Harrogate waters are very imperfectly realised by the profession, and that nothing would tend more to make them known than a visit of the Association, to the expenses of which a mayor and corporation might be expected to contribute. There is much to be said in Harrogate on both sides of this question. It is a delightful place, standing on the highest tableland in England, open and fresh, in little immediate risk of being overbuilt, and surrounded by places of much interest to be visited in pleasant drives or conveniently short railway journeys. The waters of Harrogate, too, are very real in their qualities. The variety and action of them are remarkable, and rather inadequately realised by the profession, as Dr. Myrtle says. No one can take these waters with any care, whether sulphur, Kissingen, or chalybeate, without feeling that they are calculated to be very beneficial in suitable cases, if fairly used. Many patients undo at the hotel all the good received at the wells. It is not pleasant to think that the huge development of the demand for mineral waters of late years arises very much from errors of luxury, for which people compound, not by the use of emetics, as the old Romans did, but by other and scarcely more dignified covenants. This is an evil against which the profession in Harrogate should set its face, if it would give the wells fair play. As to the uses of corporations, we are glad to see them keenly debated; they are on their trial, as well as other and older institutions, and it must be admitted that they often do their work in a very noisy, clumsy, and costly manner. But whether Harrogate be incorporated or not, its fine air and position and its celebrated water deserve at the hands of the profession more attention than they receive as curative influences.

PROFESSOR EMIL DU BOIS REYMOND.

THE twenty-fifth anniversary of Professor du Bois Reymond's tenure of the chair of Physiology at Berlin University has been lately celebrated with great enthusiasm. The successor of Johannes Müller, Du Bois Reymond has attained to the highest position amongst physiologists, and has done much to place Berlin in the forefront of physiological research and education. Amongst the pupils and colleagues who assembled to do him honour in the Physiological Institute on October 20th, were such men as Ludwig, Heidenhain, Rosenthal, Bernstein, Holmgren (Upsala), Leube, Gad, and Tschiriew (St. Petersburg). The proceedings opened with the presentation of his bust, Professor Heidenhain, as his oldest pupil, making the presentation. Another interesting feature was the gift of a "jubilee volume" of the *Archiv für Physiologie*, by Prof. Rosenthal, the volume containing contributions from no fewer than seventeen of Du Bois Reymond's former pupils, all of them now well known in the various continental universities. Many speeches and congratulatory addresses followed from numerous learned societies, universities, and other scientific institutions of the Continent, and messages arrived from all parts in the course of the proceedings. On the following day a dinner was given at the Kaiserhof, at which 250 persons were present. In the course of his reply to the toast of the evening, Du Bois Reymond referred in warm terms to his own teachers, and modestly maintained that the honours done him were to be regarded rather as a tribute to the science which he represented than as personal to himself.

MENTAL DISTURBANCES IN THE AGED.

THERE are certain mental peculiarities to be met with in aged persons, many of which are well known, but which, we believe, are in many cases not sufficiently borne in mind in the treatment of old people. The garrulity of old age is a commonly recognised condition, but we believe it is not so generally admitted that old persons are distinctly more emotional, that their nervous system is more excitable, that their higher nerve-centres are less powerful, or, at any rate, not so predominant, as at an earlier age. These facts have been especially impressed upon our mind by three cases that have lately come under our notice. Two of these patients, aged eighty-two and eighty-four, were suffering from general debility, and presented no symptoms of disease; yet both

were liable to sudden outbursts of mental excitement. The one would cry for hours together, would get flushed in the face, and refuse to eat; the other, dreading the approach of anyone, would become the victim of muttering delirium. In the third case, the patient, seventy years of age, about six weeks since, had a paralytic stroke, loss of motion ensuing in the right limbs. She made a gradual and favourable recovery, but during her convalescence she would at times have prolonged and uncontrollable fits of laughter. The inference to be drawn from the consideration of cases such as these is that we cannot expect to benefit them by the administration of drugs that act as stimulants on the nervous system, for we thereby increase the activity of the whole nervous economy *pari passu*, and whilst we stimulate the higher nerve-centres, we at the same time increase the action of the lower, which in the aged are more powerful, and especially, perhaps, excite the cerebellum. The indication in cases of senile debility is for blood tonics, whereby the nutrition of the higher nerve-centres may be improved, rather than by nervine excitants to bring about a hurtful over-action in the already weakened organs.

MORE INSULTS TO THE PROFESSION.

IT is aggravating to be repeatedly insulted without being able to take vengeance on the offender. Only the other day a firm of undertakers sent out a circular offering medical men a commission on funerals. That was a ghastly overture, and we were in receipt of indignant protests from members of the profession; but what could we do in the matter beyond drawing attention to the insulting proposal, which we did immediately it was brought to our knowledge? Now come letters from practitioners who are annoyed by requests to patronise a soap and a throat syringe, which the manufacturer informs the profession "are recommended by the principal specialists in the country." Is this so? Do "principal specialists" recommend the commodities of enterprising tradesmen? Of a piece with this phase of enterprise is that of the manufacturing druggists who actually send out books of prescription papers, with the name of some private preparation printed form an engraved plate to imitate handwriting. The dose of the preparation is printed near the top of the paper, so that it can be torn off by the prescriber. He has nothing to do but to write under the engraved name of the drug the quantity, and the dose he wishes his patient to take, in a hand as nearly like the principal line as possible, and to sign his name, when it will look as if he had written the whole prescription. We cannot for an instant suppose that this device is adopted by any respectable practitioner. It ought to be generally understood that the Royal College of Physicians of London has passed a resolution distinctly condemning the advertising of medical books in public newspapers and the "recommendation" of special preparations. This rule, of course, covers the crime against good sense of prescribing private preparations; which professionally minded physicians and surgeons, it must be assumed, never do.

THE POLICE AND THE AMBULANCE TRUCK.

THE police continue to use the ambulance truck, pushing it before them, with the feet of the occupant nearest, and the head much lower than the feet. If this is a *wrong* use of the truck, as alleged by those who are responsible for its design and construction, special orders should be issued. It is clearly most mischievous and dangerous to propel a drunken or injured man or woman with the head on a lower level than the feet; yet we have never once seen the truck used in any other way, although it is stated that the head should be nearest to the man pushing it, and the feet on a lower level than the head.

HONORARY HOSPITAL SURGEONS IN BOMBAY.

THIS question has again been brought up in Bombay in the form of a resolution by the Government that "the proposal that the Honorary Assistant-Surgeons in the Goculdas Tejpal Hospital should be remunerated for their services should be referred to the Municipal Commissioner for the consideration of the Town Council on whose recommendation the appointments were made." Our readers may remember that in 1881, on the removal of the Assistant-Surgeon of the Indian Medical Service by the Government, the Town Council appointed three young civilian medical men, who offered their services gratuitously, as honorary Assistant-Surgeons for one year, and that the appointments were renewed for six months pending proposed alterations regarding the management of the hospital. The arrangement gave rise at the time to a good deal of discussion, which has been revived with considerable acrimony. When the subject was brought up in the Town Council Dr. Blanc, Professor of Surgery in the Grant Medical School, consistently with the views he has held throughout the discussion, proposed that they should inform the Government that in their opinion "a paid surgeon to the hospital should be appointed from the date of expiration of the six months granted to the honorary assistant surgeons at present employed, who should be thanked for their services, which were highly commended by the late Surgeon-Major Cody in his last annual report." Dr. Blanc very fairly objected to three honorary assistant surgeons being paid where one would be sufficient for the duty. We think it only right to say that the three honorary assistant surgeons disavow all connexion with the movement which has been made to introduce the system of payment for their services, and have expressed their willingness to continue their gratuitous service. The discussion in the Town Council has given rise to a good deal of newspaper correspondence, which we have read with much care, but which it would be unprofitable to reproduce. We still hold to the opinion already expressed (*vide* THE LANCET August 18th) that it is not advisable, in the interests alike of the patients and of the profession, that these hospital appointments should be unpaid; and we object to their being conferred on men who keep open shops, as is stated to have been the case in the present instance. We desire as far as practicable to see the trade element discouraged in the profession, and that hospital appointments should be so guarded as to be objects of emulation among the best class of medical men. We most strongly object to levelling down appointments which may be made the means of promoting the best interests of the profession, and which should be held in esteem by all classes of the community.

"FALL OF A TELEPHONE WIRE IN THE CITY."

UNDER this heading the newspapers have recently narrated an incident—that is a better term than *accident*—illustrating a somewhat coarse but strictly accurate aphorism about the school which is said to be kept by experience and the class of persons who decline to learn wisdom in any other. Carlyle was of opinion that this class constitutes the major part of the population. It is impossible to dispute the proposition savagely propounded by the Seer of Chelsea. If it was not true, the majority would quickly by its might prevent telegraph and telephone companies from maintaining and, in fact, multiplying the wire traps set over all the principal, and many of the bye, streets of the metropolis. These traps are almost as ingenious as, and scarcely less deadly in their potentiality than, the improved wire guillotine-traps which have recently been introduced for the destruction of vermin. When the telephone wire came down in Gresham-street a few days ago, the passengers—with the exception of one elderly lady, who probably does not

count—contrived to escape, so that it is not likely much notice will be taken of the affair. The lesson given by experience was not sufficiently impressive. Nothing short of a death will rouse "public opinion"—that most inert of all forces—to action. When a distinguished financier, or, perhaps, an alderman, has been decapitated, something may be done in the City, and later on—if Sir William Harcourt's projected measure, to convert the metropolis into what Viscount Cardwell would call "one harmonious whole," is delayed—the sacrifice of a member of the House of Peers or, at least, a Cabinet Minister in Westminster, may move the Legislature. Meanwhile, the wires of Damocles hang very slightly suspended over us, and at any moment may descend with what consequences—like those dependent on the "naming" a member of the House of Commons—Heaven only knows!

AS SOW, SO REAP.

JUDGING from the performances of the digestive mill of a pig, we might in one frame of mind regard the process of natural digestion as an arrangement for the conversion of bad material into good. At all events, many individuals would rather consume the final product of the porcine assimilative processes than have anything to do with the raw material out of which it builds up such quantities of excellent pork and possible bacon. But if so much may be said in praise of pigs, it does not follow that cows and other animals are equally good performers. Indeed, we have evidence that in some cases the bovine species are certainly not nearly so clever at such bargains. MM. Andouard and Dezaunay have shown that the residual pulp from the diffusion vats employed in the manufacture of beet sugar so largely used in some parts of the Continent as cattle fodder, is by no means so worthy the reputation it has gained of favourably influencing the yield of milk from cows fed upon it. It was found that "diffusion pulp" which had been preserved in a silo, when given to a cow in quantities, at first of 60 lb. and then of 120 lb. daily, produced immediately an augmentation of 32 per cent. in the yield of milk, and that whilst the richness of the milk in caseine and mineral salts did not appear to be affected, the proportion of butter was increased 12½ per cent., and that of sugar 23½ per cent. But, on the other hand, the food appeared to give the milk a less agreeable flavour, so that children refused to drink it. The gentlemen mentioned also express a doubt whether butter of good quality could be made from such milk. It is suggested that the pulp, when kept long in the vats, undergoes an acid change, which causes the modification in the flavour of the milk. Perhaps this deterioration might be avoided by using the fresh pulp from the presses.

THE HOSPITAL SATURDAY FUND.

AT a meeting last Saturday, the treasurer of the Hospital Saturday Fund announced that £7000 had been placed in the bank, as against £6000 at the same period last year. The following grants to hospitals without delay were agreed on, "in order at once to procure a supply of letters"; the Fund thus showing that practical eye to the principle of *quid pro quo* for which it has always been remarkable:—City of London Hospital for Diseases of the Chest, £100; Brompton Hospital for Consumption, £150; Royal Hospital for Diseases of the Chest, City-road, £70; Throat and Chest Diseases Hospital, £20; North London Hospital for Consumption, £50; Infirmary, Margaret-street, Cavendish-square, £40; Provident Surgical Appliance Society, £15; Surgical Aid Society, £35; Central London Hospital for Throat and Ear Diseases, £20—total, £500. The authorities of the Fund should hasten the distribution to all the hospitals on the ground of *their* want of funds.

EDINBURGH UNIVERSITY.

OUR Edinburgh correspondent writes:—The work of the session has now fairly commenced, and there seems every prospect of its being one of the most successful ever experienced by the Edinburgh School. The University class rooms are as usual quite full, and the number of purely extra-mural students is also, I hear, greater than usual. The portions of the new University Buildings connected with the departments of chemistry and materia medica were formally opened by Professors Crum Brown and Fraser on Friday last. The Medical Jurisprudence department is not quite completed, but will, it is hoped, be before long ready for occupation. The rectorial election, which is causing considerable excitement amongst the students, and to some extent interfering with work, will be decided on Saturday. The candidates are Professor Blackie (Independent), Sir Stafford Northcote, and the Right Hon. George Otto Trevelyan.

MEDICAL BARONETS.

A RETURN of the Baronetcies conferred on physicians and surgeons since 1850 has been issued. They are as follows —

"In 1853, Henry Holland, one of Her Majesty's Physicians in Ordinary; 1857, Charles Locock, of Speldhurst, Her Majesty's First Physician-Accoucheur; 1859, Sir Charles Nicholson, of Luddenham, New South Wales; 1866, William Fergusson, of Spittlehaugh, Peebles, one of Her Majesty's Surgeons Extraordinary; 1866, James Young Simpson, of Strathavon, Linlithgow, one of Her Majesty's Physicians in Scotland; 1866, Dominic John Corrigan, of Cappagh, Dublin, one of Her Majesty's Physicians in Ordinary in Ireland; 1866, Thomas Watson, of Henrietta-street, Cavendish-square, President of the College of Physicians, and one of Her Majesty's Physicians Extraordinary; 1867, William Lawrence, of Ealing Park and Whitehall-place, one of Her Majesty's Serjeant Surgeons; 1868, William Jenner, of Harley-street, Cavendish-square, one of Her Majesty's Physicians in Ordinary; 1871, J. Paget, of Harewood-place, Hanover-square, Serjeant Surgeon to Her Majesty; 1871, Robert Christison, of Moray-place, Edinburgh, one of Her Majesty's Pysicians in Scotland, and Professor of Materia Medica in the University of Edinburgh; 1872, William Withey Gull, of Brook-street, Hanover-square; 1874, George Burrows, of Cavendish-square, President of the Royal College of Physicians, and one of Her Majesty's Physicians in Ordinary; 1883, Thomas Spencer Wells, of Upper Grosvenor-street, and Golder's-hill, Hampstead, President of the Royal College of Surgeons and Surgeon to Her Majesty's Household; Andrew Clark, of Cavendish-square, M.D.; and Prescott Gardiner Hewett, of Chesterfield-street, Hanover-square, Serjeant Surgeon Extraordinary to Her Majesty. Since 1852 the honour of knighthood has been conferred on thirty-two 'physicians and surgeons;' and between 1863 and 1876 four received the honour of knighthood from the Lord-Lieutenant of Ireland."

It must be admitted from this list that Ireland has been rather hardly dealt with in this matter. And not Ireland only, but the provincial members of the profession, many of whom—some in private practice even—greatly deserve any distinction which the State can put upon them. The Liberals have been much more generous to the profession in this respect than their political rivals. Not a single medical baronetcy was conferred during Lord Beaconsfield's last government.

GYMNASTIC APPARATUS IN SCHOOL PLAY-GROUNDS.

CLEARLY if the School Board provides dangerous apparatus for the use of children it should see that the little ones are protected in its use. Better not go the length of providing these luxurious appliances, unless prepared to go a little further and take the trouble to make them safe.

THE NATURE OF SOIL.

MUCH of the soil of the earth's crust seems to be a matrix of compound powers of remarkable nature. We are familiar with its wonderful property of purification of sewage. But we must not expect too much from it, or even as much as our methodical neighbours, the Germans, are apt sometimes to require of it. Ferments play such important parts in the chemical world that a speculation into the presence or absence of a ferment as the active agent in the causation of some of the valuable properties of the soil seems to be perfectly legitimate. Indeed MM. Dehérain and Maquenne have early in the present year recorded some observations on the action of a minute organism presenting the characters of the butyric ferment of Pasteur, which was found to be present in garden soil, and capable of reducing the nitrates occurring in it to simpler bodies. These chemists now report the results of experiments in another direction, and state that when the ferments of arable soil are allowed to act upon cane-sugar in aqueous solution at a certain temperature, 35° C., in the presence of chalk and sheltered from contact with air, there are produced small quantities of ordinary alcohol and still smaller quantities of superior alcohols, together with acids of vinegar, rancid butter, &c., in proportions representing nearly one-half the sugar employed, the acetic and butyric acids being by far the more abundant. These results, therefore, confirm the inferences drawn from the previous experiments that the dominant ferment in the soil belongs to the class of ferments that make butter rancid (*Pharmaceutical Journal*, Oct. 27th).

HOSPITAL MANAGEMENT.

THE special committee, consisting of some of the most representative of the hospital managers, which was appointed at the final meeting of the Hospital Conference to take steps with the view of securing united action amongst the hospitals and for other purposes, held its second meeting on Thursday, the 25th ult. This committee was always a strong one, but it now comprises representatives of all, or nearly all, of the more respectable hospitals. The whole of the time at Thursday's meeting was taken up in the consideration of a basis of constitution for the establishment of a Hospitals Institute or United Hospitals Association. The meeting was adjourned for a fortnight to enable the regulations to be modified, but the numerous members present were unanimously of opinion that such an institute would do a great deal of good. The scheme is not yet finally settled; but it has been so favourably received that it is probable the Hospitals Institute may be constituted and in working order early in January next.

WELL WATER AND ENTERIC FEVER.

DR. PALEY, in his annual report to the Peterborough Urban Sanitary Authority for 1882, gives some account of an outbreak of enteric fever, from which we learn that well water has not been finally abandoned in the borough, and the consequence has been that the use of one well, apparently as popular a one as were the London wells in the cholera days, has been associated with the outbreak. A number of well-water samples have been found on analysis to be contaminated; others are recorded as good or pure, which doubtless means that the actual samples did not happen to have received anything from the surrounding soil, which made them chemically unfit for use. The futility of relying upon negative evidence afforded by such analyses has been so strikingly shown in the last report of the medical officer of the Local Government Board, that we trust the sanitary authority will, as regards the action they will take, have regard not so much to the chemical results obtained, as to the source from which the water is derived—namely, a soil on which a large population lives, and which is traversed here and there by sewers and drains.

THE SIMPLICITY OF PHYSIOLOGICAL CHEMISTRY.

ALTHOUGH many of the chemical changes occurring in the body have hitherto eluded the grasp of long and diligent research, yet there seem to be good grounds for believing that such transformations partake of a very simple nature. We know pretty well what are the final products of the action of organised or unorganised ferments on the food stuffs, no matter what may be the state of our ignorance on their method of action. M. Tartarinoff (*Comptes Rendus*, xcvii., p. 713) has recently investigated the influence of digestive ferments on gelatine. The products of the action of artificial gastric juice upon gelatine were carefully analysed. The results showed that the modification, far from being profound, was one mainly of hydration. Practically the products were the same as those previously obtained by digesting gelatine in solutions of hydrochloric acid, of varying strength and at different temperatures, without the presence of pepsin.

SUDDEN DEATH OF MR. SHUTER.

WE deeply regret to hear, just on going to press, of the untimely death of Mr. Shuter, assistant-surgeon of St. Bartholomew's Hospital. He had been suffering from severe local pain, which had prevented sleep. On Thursday morning last he was found unconscious in his bed, and Mr. Kesteven, who was immediately called in, recognised the symptoms as those of morphia poisoning. All his efforts were unfortunately of no avail to save life. It is believed that Mr. Shuter unwittingly administered to himself hypodermically an overdose of a solution of morphia, and the case affords another illustration of the grave danger attending the self-administration of narcotics. We postpone fuller particulars of the sad event, and of the career of this promising surgeon, till next week.

ITHE TYPHOID EPIDEMIC IN CAMDEN TOWN.

THE chairman of the Sanitary Committee stated at the meeting of the St. Pancras Vestry, on the 31st ult., that the epidemic of typhoid fever so lately prevalent in that part of London had now subsided, and that during the past week not a single case had been admitted from St. Pancras into the London Fever Hospital. Dr. C. E. Saunders, the medical officer of health, who was absent during the early part of Mr. Murphy's inquiry, has, since his return to town, carefully investigated all the circumstances of the St. Albans (Hertfordshire) cases, and fully concurs in all the conclusions at which the medical officer of St. Pancras had arrived.

THE HOSPITAL FOR SICK CHILDREN.

WE are able to confirm the account given by Dr. S. Gibbon, the medical officer of health, in his report, to the effect that a severe outbreak of sore-throat has taken place at the Hospital for Sick Children, though happily without any deaths resulting therefrom. The unaffected children have been rapidly dispersed to the Convalescent Home at Highgate, to other hospitals, or to their homes, with a view to closing the hospital, for in-patients at least, until a satisfactory report has been made on the drainage, which there is reason to believe is not in an efficient state from a sanitary point of view. It is satisfactory and reassuring to know that the committee have resolved to do everything in their power to alter and improve or reconstruct, if necessary, the drainage of this otherwise excellent institution.

DANGERS TO THE LONDON WATER-SUPPLY.

A DECISION which has just been given by the magistrates sitting in Petty Session at Staines is one of vital importance to all who, in and about the metropolis, are compelled to drink water derived from the Thames. Staines is one of those riparian districts that have hitherto failed to provide themselves with adequate means for the proper disposal of their sewage, and already three actions have been taken by the Thames Conservancy Board against the Staines Local Authority. Notwithstanding this, sewage matter, which was certified by Mr. Wigner to be of the foulest character and in a state of active decomposition, has been allowed to flow into the river at a spot within five and a half miles of the intakes of the water companies. The Local Authority pleaded the difficulty of their position, the immemorial use of the Thames as a receptacle of drainage, and the fact that they anticipated a report from their engineer as to the general sewerage of their district. The Conservancy Board, on the other hand, asked for a substantial fine, and it is evident that such fines will alone protect Londoners from an admixture of excreta with their domestic water-service. In the end a fine of twenty guineas, including costs, was imposed, an amount which we much fear will not of itself act as a deterrent. We trust, however, that the Conservancy Board will renew their application, should the evil not be removed, and that the existing sources of our water-supply will not be suffered to receive pollutions which it is within the power of remedial measures to avoid.

A MEDICAL v. LEGAL CORONER FOR DEVONSHIRE.

AFTER an inquest on two young ladies who lost their lives on the beach at Westward Ho, apparently by being washed away by a high tidal wave on Oct. 16th, the coroner, Mr. Fulford, acting for Mr. J. H. Toller (deceased), descanted, somewhat inopportunely, we think, on the advantages of legal over medical coroners. We venture to hope, notwithstanding, for the success of the medical candidate. The advantages of medical men for coroners are now generally recognised by the public, and every opportunity should be taken of increasing the number of such appointments.

HOSPITAL SUNDAY IN BIRMINGHAM.

ON Sunday, Oct. 28th, the twenty-fifth annual collection for local charities took place, the proceeds this year falling to the General Hospital. The amount reached the sum of £4412 17*s.* 7*d.*, a very fair average, and, bearing in mind the state of trade in the Midlands, indicates a just appreciation of hospital wants and merits.

"RISKS INCURRED BY MEDICAL MEN."

THE charge of manslaughter against Messrs. Bower and Keats, at the Lambeth police-court, was dismissed by Mr. Chance, the presiding magistrate, who remarked that it would be wickedness on his part to commit.

A LEECH IN THE LARYNX.

IT seems remarkable that a leech should establish itself at the base of the epiglottis, and be perched upon the arytenoid cartilage, without a warning note to arouse the unwilling host. We infer, however, that in the instance recently observed by M. Vienssе, such lack of knowledge on the part of the sufferer must have been the case from reading that the laryngoscope was employed to make clear what was the cause of incessant hæmoptysis, dysphagia, and dyspnœa in the case recorded. The mirror revealed the blood-sucker in the situation already indicated. It is satisfactory to know that the patient was relieved of his symptoms and of the leech by means of a pair of Cusco's forceps.

AT a meeting held on the 29th ult., under the auspices of the National Indian Association, for the purpose of considering the subject of medical women for India, it was stated that the guarantee fund, by means of which competent female practitioners induced to visit India might be assured a comfortable living, amounted now to between 40,000 and 50,000 rupees, a sum which it was hoped would soon be increased to a lakh. A resolution expressive of satisfaction at the opening to women of the Calcutta Medical College, and for the proposed plans for facilitating the medical training of women in India, was unanimously adopted.

THE chairman of the Kingston Bench of Magistrates, addressing a person who was recently summoned for refusing to have his child vaccinated, said that the justices present had taken thought on the question and that they had a good deal of sympathy with the defendant's views, which they believed to be purely conscientious. A fine of 7*s.* 6*d.* and 12*s.* costs was, however, inflicted.

THE report to which we alluded last week has been corroborated, and it is understood that Prof. Redfern has withdrawn, at all events for the present, his resignation in reference to the Chair of Anatomy, which he has occupied so many years in the Belfast College.

A COMMEMORATIVE tablet has just been placed in the vestibule of honour of the Ecole Normale in memory of M. Thuillier. The large black marble *plaque* is inscribed in letters of gold, thus: "Louis Thuillier, mort pour la science, Alexandrie, 1883."

IT is reported that small-pox is raging with such virulence at Ziskow, a suburb of Prague, that it has been found necessary to station double sentries in order to prevent any one from entering the infected district.

AT an influential meeting held in Dublin at the College of Physicians in Ireland this week, a resolution was adopted that the Sanitary Institute of Great Britain be invited to hold their Congress in Dublin in 1884.

WE have received from T. Stokoe, of Clare, Suffolk, a series of four very good photographic views taken in connexion with the interesting ceremony of the removal of the remains of William Harvey.

DR. J. STANNUS, Secretary to the Council of the Royal College of Surgeons in Ireland, has resigned. There are several candidates for the appointment, the emoluments of which are £100 per annum.

THE death is reported of Dr. James Moore, of Belfast, in his sixty-fifth year.

SMALL-POX EPIDEMIC AT WIDNES.—The epidemic of small-pox continues to rage at Widnes; and a Government inquiry is to be held in connexion with the scheme for the erection of a permanent hospital for the town. The site proposed for the building has been inspected by Dr. Parsons, one of the Local Government Board inspectors. On the 27th ult. a hospital tent was erected for the purpose of isolating the worst cases.

HOSPITAL ADMINISTRATION.

No. XII.

THE CONSTITUTION OF HOSPITALS.

DR. J. LLOYD ROBERTS has called attention in the letter published in another column to an important feature in connexion with this department, which will now be considered. On what plan or basis of constitution have the hospitals of this country been established, and if upon several bases, which has proved in practice the simplest and best? The date of foundation of the London Hospitals has been as follows:—*Bartholomew's, 1547; *St. Thomas's, 1548; *Guy's, 1723; *Westminster, 1719; *St. George's, 1733; *The London, 1740; *The Middlesex and the Lock, 1745; The British, City of London, Queen Charlotte's, and the General Lying-in Hospitals, between 1747 and 1765; Charing-cross, 1818; Royal Free Hospital, 1828; University College, 1833; King's College, 1839; *Brompton Hospital for Consumption, 1842; St. Mary's, 1851; German, 1845; *Seamen's, 1821. All of those marked with an asterisk have obtained a special Act of Parliament, and enjoy special privileges in consequence. Of the remainder, Queen Charlotte's Lying-in Hospital is licensed according to Statute 13 Geo. III., cap. 82, which provides for the regulation of lying-in hospitals, and the remainder are not incorporated. Of the Royal hospitals it is not necessary to say much, because their foundation was altogether exceptional. Both St. Bartholomew's and St. Thomas's were founded by Royal Charter, and were afterwards dealt with by special Acts of Parliament. In the case of Guy's Hospital, the founder, Thomas Guy, left elaborate instructions in his will for the guidance of the Board of Trustees named therein. That will is dated September 4th, 1724, and a remarkable document it is. It declares that the testator's "mind and will further is for the better and more regular disposition and management of the affairs and business of the intended hospital, and for perpetuating the charity hereby intended, and the provision for the same I do hereby order and appoint, and earnestly desire and entreat my said executors and trustees forthwith after my decease, by humble application to His Majesty or to the Legislature, to endeavour to obtain letters patent under the Government Seal, or an Act of Parliament incorporating," the executors, trustees, and some forty others to make up a minimum number of fifty and a maximum of sixty governors, with perpetual succession as an incorporation for the better managing and governing of the said hospital, with power—"(1) To have and to use a common seal; (2) to have, hold, take, enjoy, transfer, alienc, and dispose of the said estates, or parts thereof; (3) to add thereto, and to hold further lands to such additional yearly value as to his said Majesty and the Legislature should seem convenient; (4) to sue and be sued, to implead and be impleaded, answer and be answered in law by such names or name; (5) to appoint a committee of twenty-one members of such corporation for the constant and ordinary management of Guy's Hospital, seven of the said committee, or one-third part thereof at the least, to go out of, and be excluded from, their respective places, and for this purpose fourteen of the old members to be first elected at the General Court or assembly for the year next ensuing, and *seven other members of the corporation who were not members of the committee for the year then next preceding.*" So much is quoted from this interesting and wisely drawn document, since it clearly sets forth the objects and advantages to be gained by a charity from incorporation by an Act of Parliament. Wise Thomas Guy, how often you must have turned in your grave since the present order of affairs has taken possession of Guy's Hospital. In 1724 you knew the necessity of imparting new blood into the management, and endeavoured to provide for it, to the confusion of your present representatives, whose actions seem to be determined by a principle, if such it can be called, which runs counter in almost every way to what your experience dictated and your will provided. Would that her present Majesty, hearing of Thomas Guy's earnest wish that his money should be wisely administered, might recognise this sound philanthropist's and good man's earnest desire and entreaty, and might be moved to issue a Royal Commission of inquiry into the present management of Guy's Hospital.

ADVANTAGES OF INCORPORATION BY ROYAL CHARTER OR SPECIAL ACT OF PARLIAMENT.

It is not a little remarkable at first sight to find that none of the special hospitals—e.g., sick or lying-in—founded in the eighteenth century are incorporated by special Act of Parliament, and that the general hospitals founded about the same period though now all possessing Royal Charters or special Acts of Parliament, continued their work without any such recognition until about fifty years ago. Thus the dates of the several Royal Charters and special Acts are: London, 1759; Seamen's Hospital, 1833; St. George's, 1834, or nearly 100 years after its foundation; Middlesex, 1836, or ninety-one years after; and Westminster, 1836, or 117 years afterwards. The reasons for this delay are not apparent, but it may be surmised from the facts (*a*) that none of the special hospitals have obtained an Act to this day, owing, no doubt, to their comparatively small size, and (*b*) that none of the general hospitals could afford to move in the matter until they had assumed some importance from their standing and size. The London Hospital, on account probably of its situation, soon developed to a considerable size, and the Seamen's Hospital excited much sympathy, so that but a comparatively short time elapsed in each case after the date of foundation before the managers were enabled to obtain a special Act of Parliament. It ought to be mentioned further in this connexion that the Royal Infirmary, Edinburgh, was the first hospital supported entirely by voluntary contributions which secured the independence and standing incorporation confers, its first Royal Charter being dated Aug. 25th, 1736. It was able to show to the satisfaction of the advisers of George II. at that early date that its work was of "such universal benefit" that it deserved the grant of a Royal Charter, and "merited the considerable increase to its funds by donations from charitable persons which that Charter would be sure to produce." Apart from any other advantages, the special Acts of Parliament in the case of those hospitals which employed sagacious lawyers secured to those charities for ever the substantial privilege of holding real estate to an extent varying in yearly value from £12,000 at the Seamen's to £4000 at the London Hospital. This special enactment has proved of very considerable value in the case of St. George's, the Seamen's, Middlesex, and the Westminster Hospitals, because, with the exception of the Bath Infirmary, they are the only institutions which are independent of the laws of mortmain, and can so take real estate when left for distribution in the hands of trustees, as sometimes happens. Apart from this, however, each incorporated hospital has by its Act authority to exist as a corporation; the requirements, qualifications, and privileges of membership are defined, power is given (1) to purchase and hold land, (2) to sue and be sued, (3) to use a common seal, whereby the inconvenience, expense, and risk of trustees are avoided, (4) to arrange for the assembly of the members and for the government of the undertaking, (5) to make bye-laws and appoint officers. In addition to these advantages, rules are laid down for the management and maintenance of the corporation as a vigorous and increasing undertaking. So much may be said of the advantages gained by securing a Royal Charter or special

Act of Parliament, and we have next to consider what is to be gained by registering a charity under the Companies Act of 1867.

REGISTRATION UNDER SECTION 23 OF THE COMPANIES ACT, 1867.

In considering this form of incorporation it may be well to answer Dr. J. Lloyd Roberts' questions seriatim:—1. Securities, then, are by the memorandum and articles of association vested in the undertaking subject to the proviso that the income and property of every society so incorporated, whencesoever derived, shall be applied solely towards the promotion of the objects set forth in its memorandum of association, and no portion thereof shall be paid or transferred directly or indirectly by way of dividend, bonus, or otherwise howsoever by way of profit, to the members of a charity, association, or undertaking so registered. The object of this clause is to make it absolutely certain that no undertakings except they are absolutely philanthropic in character can be incorporated and registered under this clause, whereby every governor or member or contributor is allowed to limit his liability to the amount he may contribute, and to secure for his undertaking all the advantages except that of the right to hold real estate, which any other corporation possesses under Royal Charter, special Act of Parliament, and the English law. 2. The cost of registration is a fee of five guineas, in addition to any sum the managers may pay their solicitors for drafting the memorandum and articles of association. The form that the memorandum and articles take is just that which the managers of any charity think best calculated to further its interests to the fullest extent; with the addition thereto of the above clauses as to division of profits, and clauses providing (*a*) that any member or governor or contributor who receives any dividend or profit or bonus in contravention of the terms of that paragraph will become liable to an unlimited extent for all the liabilities, debts, &c., of the particular undertaking; (*b*) that every member will contribute five shillings to the assets of the association in the event of its being wound up; (*c*) that if any property remains, upon the winding up or dissolution of the association, after payment of all its debts, &c., it shall be given to or distributed amongst some other institution or institutions having similar objects, at the discretion of the members, or, failing this, by such judge of the High Court of Justice as may have jurisdiction in the matter. 3. The committees of management do not feel themselves in any way hampered by registration, as their discretionary power remains the same as before the act, except so far as above stated; but they secure many advantages, including a consequent status and solidity. 4. The formalities are very simple. They consist in a communication to the Board of Trade, which secures an outline of the steps required to be taken to effect registration. The articles and memorandum have next to be submitted for the approval of the counsel who advises the Board of Trade in such matters; and it is not a bad plan to employ him in the first instance to draft these documents. 5. It is not possible to say that registration is directly advantageous to the financial administration of medical charities. Indirectly it no doubt is, because it stamps a charity as of some standing and importance; it assures the public, who support these institutions, that it is honestly managed; it frees the managers and subscribers from all personal liability, does away with the necessity of appointing trustees, and so secures the removal of the disadvantages shadowed forth in Dr. Roberts's letter. Mr. Burdett first applied this scheme of registration by incorporating the Home Hospitals Association for Paying Patients under the 23rd section of the Companies Acts of 1867. It would be to the interests of medical charities if all were to avail themselves of the provisions of this Act, and so secure for these institutions the stability, independence, and sound management which are likely to result from such action. A hospital which is not incorporated labours under great difficulties and inconveniences in respect to all leases, conveyances, and contracts which it is necessary to take or enter into on account of such charity, and its managers may, in consequence, be put to unnecessary trouble and expense in receiving legacies and donations given for its support, in case its claims to such gifts are contested. All this can be avoided by registration, but before such advantages can be secured the managers must satisfy the Board of Trade, as they had to satisfy the Queen in Council and Parliament formerly, that they have a substantial building, that its influence is salutary, and that its design is beneficial and calculated to promote the public interest. The expense of securing a special Act or Royal Charter now amounts to many hundreds of pounds, and hence it is that such methods have become unpopular, and that registration, which costs almost nothing and secures about as much, has come to be regarded as the wisest step a charity can take.

THE SALE AND PURCHASE OF INVESTED FUNDS OR STOCK.

In this connexion it may be well to add a word of censure on that most dangerous and pernicious system, which largely prevails amongst medical charities, under which the committee of management acquire the habit of selling stock to defray current expenditure when the current income is below the average. No hospital is worthy of public support which is conducted on such a vicious system as this, and the charitable would do well to inquire whether the laws of a hospital provide that not only shall no committee of management, but no general court of governors, have power to determine on any measure relating to the disposal of any money beyond the current income and expenditure of the hospital, without ten days' notice shall have been given to such court, nor until the intended sale of stock shall have been specified in the notice. No stock, funds, shares, or securities should be sold, assigned, transferred or otherwise disposed of without the authority of the governors, testified in writing under the common seal affixed at a meeting of governors specially convened for that purpose. Some hospitals wisely enact, in order to provide for the maintenance of the hospital, that all legacies exceeding £100 are to be placed to a deposit account at interest until the first day of February following the date of their receipt, and with the view to their investment by a resolution of the committee passed at their first meeting in the January following, unless, from the urgency of the requirements of the hospital, a quarterly court of governors should see good cause to suspend or abstain from such investment. The deposit account thus acts as a cash reserve fund, from which the immediate needs of the current account can, if necessary, be supplied without the expense of a sale of invested property, and once each year the income, expenditure, and invested funds can be adjusted with the maximum of advantage to the charity and the minimum of loss for commissions and interest. At St. George's Hospital one weekly board may order the trustees, subject to confirmation by a subsequent weekly board of governors at which at least nine must be present on each occasion, to sell an amount of stock, the proceeds of which shall not exceed the sum of £1000, but the consent of a special quarterly court is necessary before any larger amount can be sold out. But even this rule makes the sale of stock dangerously easy, and it would be well for the governors of St. George's Hospital to revise their laws in this respect. At the Middlesex Hospital the regulations are even more stringent on this point, as no portion of the invested funds can be sold out or applied except under the direction of a special general court called for the

purpose, or at a quarterly general court, before which fifteen days' notice of any proposed sale or appropriation shall be given. These are wise regulations, as they place a check upon the pernicious system of selling the invested funds little by little. It is hoped that committees and those members of the public who support the medical charities will lay these facts to heart, and act upon them.

ABSTRACT OF

REPORT OF DELEGATES OF THE ROYAL COLLEGE OF PHYSICIANS TO THE INTER-COLONIAL MEDICAL CONGRESS.

DRS. DYCE DUCKWORTH and JOSEPH EWART, delegates of the Royal College of Physicians to the Intercolonial Medical Congress held at Amsterdam on the 6th, 7th, and 8th September, have drawn up a report of the proceedings, which they presented to the College at its last meeting. The report embraces a concise account of what took place, including the details of some of the more important debates. Space does not permit us to reproduce the whole text of this report, and we can only refer to its salient features. On the first day of meeting, after an address by the President, Prof. Stokvis, papers were read by Dr. Da Silva Amado of Lisbon, Dr. Van Overbeck de Meijer of Utrecht, and Dr. H. Rey of Toulon, dealing with the health of colonists, particularly in hot climates, and with acclimatisation. Sir J. Fayrer concurred in the statements made as to the impossibility of colonising the plains of tropical countries by Europeans. Surgeon-Major Lewis, of Netley, expressed similar views, and remarked that Europeans degenerate in a tropical climate, even when advantage is largely taken of the hills. During something like twenty years the orphan children of soldiers in India have been most carefully brought up in special asylums at elevations varying from 3000 to 6000 feet, and yet the mortality, even under these favourable circumstances, has been just double what it is in England amongst children of the same ages.

Amongst the papers read on the following day was one by Sir. J. Fayrer and Dr. J. Ewart, dealing with the following interesting matters:—(*a*) On the management of malarial poisoning and prolonged exposure to tropical heat; (*b*) Congestion of the liver; (*c*) Abscess of the liver; (*d*) Malarious or tropical anæmia; (*e*) Pernicious anæmia; (*f*) The consequences of *coup de soleil* and thermic fever in persons who have returned to Europe after a protracted residence in India or other hot climates.

Papers on Quarantine, read by Professor de Chaumont, Dr. F. J. Van Leent, and M. Knoyt of Djeddah, gave rise to a lively and somewhat excited discussion. The two last-named authors, and Professor Amado and M. de Méricourt, spoke warmly in favour of quarantine as a protective measure, while all the English speakers—viz., Surgeon-Major Lewis, Dr. J. Ewart, and Sir Joseph Fayrer (whose speeches are given *in extenso*), as well as Professor de Chaumont, were equally emphatic in their condemnation of it, and were supported by M. Boissevain, who characterised the system as "tyranny tempered by backsheesh." Surgeon-Major P. R. Lewis in the course of his speech said that he entirely dissented from the view that cholera is contagious. Dr. Cunningham and himself had investigated many localised outbreaks of the disease, and in no single instance had they been able to satisfy themselves that it was spread from man to man. Even instances which at first sight pointed to this conclusion were all otherwise explained on being sifted. The few puzzling instances recorded in Europe can scarcely be said to have stood the critical analysis of Prof. Pettenkofer. The experience of treatment of cholera cases in the Calcutta Hospital in the same buildings as other patients showed no such results; and it was remarkable that when, after a lapse of some years, cholera broke out in the General Hospital, the block to which it had been customary to admit cholera cases escaped. He also instanced the fact of the freedom from cholera of the convict settlement of the Andaman Islands, in spite of the direct intercourse between that place and Calcutta. He continued: "As regards this question of quarantine and cholera, the experience which has been gained in India is strongly corroborative of the conclusion which Professor de Chaumont has arrived at, and which he has so ably defended in the important paper just read at this meeting. I warmly second his recommendation, that this Congress should not lend its support to the introduction of any restrictions which would so seriously interfere with personal liberty, and be liable to be so carried into effect as to inflict the greatest hardship, and even cruelty, on wholly innocent persons. It has frequently been declared that the British Government objects to quarantine solely on mercenary grounds. I venture to think, however, that I have shown that it has at least some other reason for the attitude which it has assumed in this matter. The fact that cholera quarantine is not only discountenanced, but actually forbidden, in British India, shows that the Government of that country has no faith in its usefulness, and no one will accuse it of being unmindful of the lives of its own people, whatever may be said of its avarice. The practice in India is not to establish quarantine cordons, but just the reverse. Immediately on the appearance of cholera the troops are dispersed and encamped on carefully selected sites away from the locality where the disease prevails, and if necessary, these camps are shifted again and again until the disease disappears. This practice has been followed by the most marked success, and it has never been found that these camping grounds acted as foci for the dissemination of the disease. The history of the recent outbreak in Egypt coincides in a remarkable manner with what is ordinarily observed in India, though it was at first very generally and very dogmatically asserted that the disease had been brought by ships from that country. But what, so far as is known, was the history of this outbreak? Instead of breaking out at Suez, the place in Egypt most generally frequented by Europeans from India, or along the course of the Suez Canal, where our troops, both European and native, had been congregated, it broke out at Damietta, a port at which neither the Peninsular and Oriental nor any other of the ordinary steamers from India ever call. If the disease had been carried into Egypt, why was it that it did not start at Suez, Ismailia, or Port Said, seeing that, as was demonstrated by after events, there was nothing in any of these places inimical to the occurrence of the disease among their inhabitants? Bearing all these great facts in mind, I would strongly urge upon the members of this Congress the absolute necessity of studying the question afresh, each one for himself, and not remaining content to accept any doctrine as regards the cause of cholera merely because it may be advocated by this authority or by that. I would not for a moment have you think that I undervalue the labours of the acknowledged leaders of thought in this matter, and I am quite sure that were the great sanitary authority of modern times, my revered teacher, the late Dr. Parkes, amongst us, he, notwithstanding his well-known extreme consideration for his co-workers and his predilection for the opinions which are at present the most popular, even he would be amongst the warmest advocates of renewed independent research and of further observation in this matter. I would not for a moment suggest that the search for a poison or germ of cholera should cease. On the contrary, I would have it carried to its utmost limit; but, so far as my own observations have gone, I feel bound, on an occasion like this, to state that I have not been able to collect any series of facts in support of the existence of a transportable cholera poison of any kind, nor have I been able to satisfy myself that anyone else has done so; consequently, it is in my opinion wholly illogical to frame stringent quarantine regulations for the purpose keeping out an entity which as yet has not been proved to exist. What the essential cause of cholera may be does not fall within the scope of the present discussion. Were it so, I venture to predict that the sum and substance of the remarks of every speaker who had honestly studied the subject for himself would be 'I do not know.'"

Dr. JOSEPH EWART mentioned how soon he was undeceived as to cholera being contagious on coming personally to deal with it, and he also spoke from his own experience of the futility of quarantine and the good effect of general hygienic measures. It was remarkable that the personal attendants on the sick—even those whose duty it was to remove the discharges and cleanse the bed linen and clothing of the patients—enjoyed immunity from the disease. Quarantine was not only unnecessary, but it might prove disastrous to individuals included within the cordon. More-

over, its enforcement was a matter of extreme difficulty. The proper measure is to place the sick and as many of the unaffected as possible in the most favourable condition for recovery or escape from attack. After further remarks upon the nature of the cholera poison, he begged the meeting, constituted as it was of many distinguished men from different parts of Europe, to pause before it gave its sanction to quarantine, or opposed the enlightened views of Dr. De Chaumont, who, in his able, learned, and thoughtful paper, had produced abundant evidence to convince the most sceptical that this is certainly not the way to prevent or mitigate the diffusion of cholera with the desired amount of success.

Sir J. FAYRER confessed that after twenty-four years' experience in dealing with cholera, he was totally ignorant of its cause. He had seen nothing to make him think that there was any contagious character in it whatever; but he advocated the adoption of hygienic measures as strongly as the strictest believer in germs or in special water-poison could do.

On the 8th, an elaborate paper upon Modification of Disease in Tropical Climates was communicated by Dr. Norman Chevers; and many other subjects were dealt with, including that of Special Medical Education for Colonial Practitioners, by Drs. Becking and Duckworth.

In closing their report, Drs. Duckworth and Ewart state that "our mission was warmly welcomed on account of the distinguished body who had deputed us to attend the Congress, and also because no other British college or scientific institution had seized the opportunity of being similarly represented. This fact was frequently alluded to at the meetings, and in the complimentary speeches and toasts at the banquets and other social gatherings, and conspicuously at the banquet given to the leading members by Sir Joseph Fayrer, Drs. Lewis, Cutto, Jones, Scriven, and ourselves."

LUNACY AT THE ANTIPODES.

REPORT OF THE INSPECTOR-GENERAL OF THE INSANE IN NEW SOUTH WALES FOR 1882.

THE proportion of insane persons in the population seems to be increasing very slowly, being now 1 in 354; and the admissions bear additional testimony to this, having been only 1 in 1728 of the population; the average for the last five years having been 1 in 1654. Of the admissions, moreover, 9·51 per cent. were relapsed cases. The recoveries were 44·1, and the deaths only 6·27 per cent. on the average number under treatment, both bearing evidence of satisfactory care.

A table which contrasts the proportion of the insane of each nationality in the community is of interest, showing that while only 1·40 per 1000 of the colonial born are thus affected, of the English 6·36, of the Irish 11·63, and of the French 12·06 are insane. The excess of the French is due to the exportation of lunatics from New Caledonia.

The Reception House for certified lunatics, and for the doubtful cases which are remanded by the police magistrates, appears to work very satisfactorily. Nearly eight per cent. of the cases received in this institution recovered without being sent to the asylums, and the inspector is emphatic on the advantage derived from this establishment. This appears to be a distinct advance on the English system of dealing with the insane, by sending them either to a prison or workhouse, instead of to an asylum, at a time when skilful care and treatment may cut short an attack that might otherwise be of long duration.

The report contains many other points of interest, and throughout bears testimony to the zealous vigilance of the Inspector-General.

REPORT ON THE LUNATIC ASYLUMS OF NEW ZEALAND FOR 1882.

The insane in the colony, by this report, are 1269 in number, being 1 in 413 of the population. The same rates in England being 1 to 353, in New South Wales 1 to 352, and in Victoria 1 to 277. The insane are, however, rapidly accumulating, so that the commissioner recommends a new asylum for 600 beds, as well as an addition of 100 beds to the Auckland Asylum.

Recent legislation appears to have been retrogressive, in imposing on the medical superintendents the duty of "recovering maintenance money" and in prohibiting them from making post-mortem examinations on their patients. Both these regulations would seem to indicate the predominance of the notion in the minds of the colonial legislators of the idea that asylums were places for detention merely, and not for treatment. The commissioner's protest against these anomalies, it is to be hoped, will sooner or later be successful.

The commissioner in lunacy is also inspector of hospitals for the colony, and in the performance of this duty states that he has travelled 4000 miles in little more than seven months. The reports on the hospitals are interesting in their details, and on the whole their state would seem to be fairly satisfactory. They are partly maintained by governmental subsidies, in part by voluntary contributions, and in part by payment from the patient. Many abuses are, however, reported, more gross in character even than those of which our own hospital system admits. Dr. Grabham's unsparing exposure of them will doubtless lead to reform and improvement.

WILLS OF MEDICAL MEN.

THE will and three codicils of Henry John Hayles Bond, M.D., formerly Regius Professor of Physic at the University of Cambridge, of 4, Regent-street, Cambridge, who died on September 3rd last, were proved on the 17th ult., by Mrs. Mary Bond, the widow, Mr. James Hough, and the Rev. Thomas Francis Boddington, the executors, the value of the personal estate being over £28,000. The testator leaves his pictures, plate, furniture, household effects, and £500 to his wife; £500 to his daughter Frances Julia; and the residue of his property upon trust for his wife for life, she maintaining his unmarried daughters, then for his daughters as his wife shall appoint, and in default of such appointment for his daughters equally.

The will and codicil of Frederic Hardy, M.D., of Lord-street, Southport, Lancashire, who died on September 5th last at Pembrey, Carmarthenshire, were proved on the 9th ult. by Mr. George Hardy and Mr. Campbell Hardy, the brothers, and Mr. Basil E. Hardy and Mr. Charles Hardy, the nephews, the executors, the value of the personal estate amounting to over £12,000. The testator leaves to his wife his furniture and effects and £500, and he confirms the gift of certain stocks and shares made to her in his lifetime; to his friends the Misses Smith of Birkdale, £250; and to his executors £100 between them. The residue of his property is to be held upon trust to pay four-fifths of the income to his wife for life, and one-fifth during the same period to his executors, and at her death £300 to each of his brothers and sisters, and the ultimate residue to his nephews and nieces.

The will of John Footman, M.D., of 36, Albert-street, Regent's-park, who died on September 9th last at Islington, was proved on the 16th ult. by the Rev. H. Footman and Mr. F. Footman, the brothers, the executors, the personal estate exceeding £3800. The testator gives £100 to his friend Dr. George Buchanan; £500 upon trust for his brother William for life, and then for his nieces Louisa and Edith Spurling; and all his real estate and the residue of the personalty to his brothers Henry and Frederick, and his sisters Miss Kate Footman, Mrs. Louisa Spurling, and Mrs. Marianne Curwen.

The following legacies have recently been left to hospitals and other medical charities:—Mr. William Thomas Watson, of the Limes, Cumberland-road, Bristol, £200 each to the Bristol Royal Infirmary, the Bristol General Hospital, and the Weston-super-Mare Sanatorium.—Mr. Frederick Miles, late of St. Peter's-road, Holloway, £40 to the Middlesex Hospital.

MIDLAND MEDICAL SOCIETY.—The following is the list of office-bearers for the session 1883-84 of the above Society:—President: Dr. G. F. Badington. Treasurer: Mr. Harmar. Secretaries: Mr. T. F. Chavasse and Dr. C. W. Suckling. Members of Council: Mr. Eales, Mr. Ross Jordan, Dr. Simon, Mr. Priestley Smith, Mr. William Thomas, and Dr. Edgar Underhill. The inaugural address of the Society for the present session will be given in Birmingham on Wednesday next, November 7th, by Mr Jonathan Hutchinson, F.R.S.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Port of London.—So much depends on an efficient sanitary administration within the Port of London, that Dr. Collingridge's reports are always interesting, and the one recently submitted as to proceedings taken during the first half of the present year presents no exception to the rule. Indeed, the extension of the jurisdiction of the Port authority below Gravesend has provided means for affording additional safeguards as regards the importation of infection to this country, and we find that during the half year no fewer than 3085 vessels were inspected in the added portion of the district alone. The inspection, too, is not a formality, as a record of improvements effected shows. The customs officers also make inquiries at the entrance of the port, and with a view of proving to masters of vessels that correct answers will be insisted on, it has been decided to take proceedings against one master who, having a case of typhoid fever on board, failed to report it. The extension of the area of the port will involve some additional hospital provision, and it is hoped that a small hospital belonging to the Rochford guardians, not far from the Nore, may be utilised for this purpose, and that in this way a long journey to the hospital ship *Rhin*, or to the new land hospital, may be avoided. A large amount of exceptional work has evidently been thrown on Dr. Collingridge in connexion with the preparation of evidence for the Royal Commission on the sewage discharge of the metropolis, but the sanitary interests both in the river itself, along its banks, and in the docks have been carefully looked after.

St. Mary, Islington.—Dr. Meymott Tidy gives the birth-rate of this district as 34·3 per 1000, and the death-rate as 18, the latter being exceptionally low. Some reference is made to the causes of disease, and to the comparative absence of small-pox; analyses of the water are given, together with the amount supplied per house during each month of the year, and attention is drawn to a few other points, such as the dusting of the parish, the slaughter- and cow-houses, &c. The summonses taken out are described and the amounts of fines inflicted in cases of milk adulteration are tabulated. Still there is but little descriptive of the general sanitary circumstances under which the people live and of the measures of improvement needed. An appendix to the report gives the work carried out under the Sale of Food and Drugs Act (1875). Of the 116 samples examined fifteen were certified as adulterated and proceedings were taken; fourteen out of the fifteen being samples of milk. Dr. Tidy ends this part of the report by expressing the belief that the inhabitants of Islington have but little cause of complaint as to the purity of the articles of food sold to them in the parish. We note that no drugs were submitted to analysis.

Liverpool Urban District.—In his annual report on the City of Liverpool Dr. Stopford Taylor refers to the prevalence of typhus. In 1881 the disease became unusually prevalent in connexion with the insanitary state of courts and alleys, but during 1883 it has somewhat rapidly extended. Thus fever deaths, which are admittedly "chiefly typhus," were 292 in 1881; whereas in 1882 they were 593; and in the latter year the cases which came under notice exceeded by 1436 those which were recorded in 1881. In explaining what has been done to remedy the defective conditions with which the disease has been associated, Dr. Taylor refers to the absolute necessity of isolation; but, as we have recently pointed out, the great drawback to any efficient method of securing isolation has lain in the arrangement which has hitherto existed of associating this essentially sanitary work with the question of pauperism. A recent decision on the part of the corporation will, we trust, result in setting this matter on a proper footing. The mortality amongst children is high in the city, 17·8 per cent. of those whose births are registered dying within the first year of life, and it is probable that very large works in connexion with the demolition and reconstruction of the dwellings of the poor and working classes will be necessary before this and other conditions can be materially remedied. The work performed in this direction might well be increased; but it is alleged that the local Act under which some of the more important provisions have to be effected has been found so tedious and expensive a method of procedure that an amended Act was procured last year. A large amount of inspectorial work is carried out in the borough, and as regards visits to dwelling-houses, the cleansing of courts and alleys, and the supervision of scavenging, increased activity has prevailed since the cases of typhus became more numerous.

Manchester and Salford (Urban).—The Manchester and Salford Sanitary Association have issued a comparative statement of the recent mortality statistics for these two large urban sanitary districts, compiled from the weekly returns of the local medical officers of health, Mr. J. Leigh and Dr. Tatham. This statement shows that the annual death-rate during the quarter ending September 30th last was equal to 23·3 in Manchester and 21·3 in Salford. We notice that as usual the Manchester figures differ materially from those officially published by the Registrar-General. The mean death-rate in Manchester during the thirteen weeks ending 30th September last, according to the Weekly Returns of the Registrar-General, was 24·9, instead of 23·3 as calculated by Mr. J. Leigh. Such differences between official figures are much to be regretted, and should be investigated and explained. The death-rate in Manchester and Salford last quarter compared favourably with the rate in the corresponding period of last year, mainly on account of the smaller fatality of infantile diarrhœa. The deaths from the principal zymotic diseases were proportionally more numerous in Salford than in Manchester, due in great measure to the larger proportion of children in Salford, who are more liable to mortality from these diseases. If the zymotic death-rate were calculated upon the number of children instead of upon the whole population, the rate in Manchester would probably exceed that in Salford. So with the mortality from all causes among children under five; the Sanitary Association state that in Manchester they were equal to 46·6 per cent. of the total deaths, while in Salford the proportion was 51·0. This infers that child mortality was greater in Salford than in Manchester; whereas if this mortality were calculated, as it should be, from the proportion of deaths under five years to the numbers living at those ages, the opposite result would probably be shown. It would undoubtedly be useful if the Manchester and Salford Sanitary Association were to investigate the causes of the different statistics issued respectively by the Registrar-General and the health officer for Manchester. Assuming the Registrar-General's figures to be correct, it cannot be desirable that the true sanitary condition of the city should be veiled by the unduly favourable statistics issued by the medical officer of health for the city.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, 5827 births and 3329 deaths were registered during the week ending the 27th ult. The annual death-rate in these towns, which had been 20·2 and 19·6 in the two preceding weeks, rose again last week to 20·2. During the four weeks of the current quarter the death-rate in these towns averaged 19·6, against 20·6 and 20·9 in the corresponding periods of 1881 and 1882. The lowest rates last week in these towns were 12·3 in Portsmouth, 14·5 in Leicester, 15·9 in Birmingham, and 15·9 in Halifax. In the other towns the rates ranged upwards to 25·1 in Liverpool, 26·3 in Leeds, 28·1 in Manchester, and 28·8 in Salford. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 484 and 442 in the two previous weeks, rose last week to 455; they included 130 from scarlet fever, 114 from diarrhœa, 62 from "fever" (principally enteric), 58 from measles, 51 from whooping-cough, 35 from diphtheria, and 5 from small-pox. No death from these diseases was returned in Norwich, and only one in Plymouth, Bristol, Wolverhampton, and Hull, respectively; while they caused the highest death-rates in Preston, Salford, and Leeds. Scarlet fever showed the largest proportional fatality in Preston, Cardiff, and Leeds; measles in Manchester and Salford; whooping-cough in Brighton and Huddersfield; and "fever" in Liverpool and Bolton. The 35 deaths from diphtheria in the twenty-eight towns included 20 in London, 4 in Leeds, and 2 in Birmingham. Small-pox caused 2 deaths in

London, 2 in Birmingham, and 1 in Sunderland. The number of small-pox patients in the metropolitan asylum hospitals, which had been 51 on each of the two preceding Saturdays, declined to 47 at the end of last week; 8 new cases were admitted to these hospitals during the week, against 5 and 7 in the two previous weeks. The Highgate Small-pox Hospital contained 10 patients on Saturday last, 2 new cases having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had increased from 163 to 252 in the four preceding weeks, further rose to 291 last week, but were 76 below the corrected weekly average. The causes of 80, or 2·4 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Nottingham, Oldham, and in four other smaller towns. The proportions of uncertified deaths were largest in Leicester, Cardiff, Sheffield, and Newcastle-upon-Tyne.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 20·6 and 19·4 per 1000 in the two preceding weeks, rose again to 22·4 in the week ending the 27th ult.; this rate exceeded by 2·2 the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns ranged from 11·9 in Perth and 14·4 in Leith, to 23·6 in Dundee and in Paisley, and 26·0 in Glasgow. The deaths in the eight towns included 91 which were referred to the principal zymotic diseases, showing a further increase of 10 upon the numbers returned in recent weeks; 23 resulted from diphtheria, 19 from scarlet fever, 18 from diarrhœa and dysentery, 13 from "fever," 11 from whooping-cough, 7 from measles, and not one from small-pox. These 91 deaths were equal to an annual rate of 3·8 per 1000, which exceeded by 1·0 the mean rate from the same diseases in the large English towns. The highest death-rates in the Scotch towns from these diseases last week occurred in Edinburgh and Glasgow. The 23 fatal cases of diphtheria corresponded with the number in the preceding week; 9 were returned in Glasgow, 6 in Edinburgh, 3 in Dundee, and 3 in Paisley. The deaths referred to scarlet fever, which had been 16 and 6 in the two previous weeks, rose again to 19 last week, and included 13 in Glasgow and 3 in Edinburgh. The 18 fatal cases of diarrhœa showed a considerable decline from recent weekly numbers, and were 8 less than those returned in the corresponding week of last year. The deaths from "fever," which in the two preceding weeks had been 10 and 4, rose to 13, of which 6 occurred in Glasgow, 3 in Edinburgh, 2 in Dundee, and 2 in Aberdeen. Of the 11 fatal cases of whooping-cough, 9 were returned in Glasgow; and of the 7 deaths from measles, 4 occurred in Edinburgh and 3 in Glasgow. The 101 deaths referred to acute diseases of the respiratory organs in the eight towns showed an increase of 16 upon those returned in the previous week, but were 12 below the number in the corresponding week of last year. The causes of 108, or 20 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 25·8 and 23·3 in the two preceding weeks, rose again to 24·9 in the week ending the 27th ult. The mean death-rate in the city during the past four weeks of the current quarter has averaged 24·4 per 1000, against 18·3 in London and 17·0 in Edinburgh. The 167 deaths in Dublin showed an increase of 11 upon the number returned in the preceding week; they included 7 which were referred to scarlet fever, 5 to diarrhœa, 4 to "fever," 2 to whooping-cough, 1 to diphtheria, and not one either to small-pox or measles. Thus 19 deaths resulted from these principal zymotic diseases, against 24 and 35 in the two previous weeks; they were equal to an annual rate of 2·8 per 1000, while the rate from the same diseases in London was 2·5, and in Edinburgh 4·4. The fatal cases of scarlet fever, which in the two preceding weeks had been 7 and 10, declined again last week to 7. During the first four weeks of this quarter 40 deaths have resulted from this disease in Dublin, whereas in the first three quarters of this year they did not exceed 3, 6, and 33 respectively. The deaths from diarrhœa and dysentery showed a marked decline from recent weekly numbers. The deaths referred to "fever," which had been 1 and 3 in the two previous weeks, further rose to 4 last week. The deaths both of infants and of elderly persons showed an increase. The causes of 25, or nearly 15 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

ARMY MEDICAL DEPARTMENT.—Brigade Surgeon Oliver Barnett, C.I.E., to be Deputy Surgeon-General, vice A. D. Gulland, M.D., granted retired pay; Surgeon-Major Walter Basnett Ramsbotham, M.D., to be Brigade Surgeon, vice O. Barnett, C.I.E.; Surgeon Frederick George Leslie Eagar has been placed on temporary half pay on account of ill health.

RIFLE VOLUNTEERS.—1st Cheshire: Surgeon David Russell, M.D., is granted the honorary rank of Surgeon-Major.—3rd Glamorgan: Surgeon James Griffith Hall is granted the honorary rank of Surgeon-Major.—13th Middlesex (Queen's, Westminster): Surgeon George Pearse resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the corps on his retirement.

ADMIRALTY.—The following appointment has been made:—Surgeon F. Woore, to the *Urgent*, vice Acheson.

Correspondence.

"Audi alteram partem."

DIGITAL EXPLORATION OF THE BLADDER.

To the Editor of THE LANCET.

SIR,—I am much gratified to learn, through an interesting communication to THE LANCET[1] from Mr. Whitehead of Manchester and Dr. Pollard, that the former has already realised some valuable results from the practice of digital exploration of the bladder. He appears to have operated on four males and on two females, in all six, who were the subject of vesical tumour, and on four others, males, suffering in various ways, with the effect of affording more or less relief. Such an experience would have been conceived almost impossible to any of us a very few years ago. To no one more than to myself has the knowledge been a complete revelation, that a large group of cases exists affected with disease, invariably fatal if left without surgical aid, but which are now mostly relievable, often curable, when this is afforded.

But in offering a *résumé* intended to embrace all the cases operated on by my method, with a view to appreciate the result, the authors report by "Thompson and Whitehead" a "total of fourteen cases, with six recoveries and six deaths, whilst in one case very serious hæmaturia was cured, and in another the symptoms were relieved" (p. 630). The real number is so much larger than this that I can only suppose that they have overlooked a communication, much more important than any preceding one, which I made to the Medical and Chirurgical Society on June 12th, 1883. In that paper, an abstract of which was published in all the medical journals—for example, in THE LANCET of June 16th—I reported twelve operations by myself for vesical tumour alone, ten male and two female, exhibiting the preparation in each case, together with sections under the microscope.[2] I stated also that up to that date I had performed digital exploration twenty-seven times (the number is considerably larger now), but gave no particulars of the cases in which tumour was absent, the latter being the sole subject of the paper. The deaths among the twelve tumour cases were five; the total deaths among the twenty-seven cases of digital exploration, including the five fatal

[1] The Surgical Treatment of Tumours and other Obscure Conditions of the Bladder. By Walter Whitehead, F.R.C.S.E., F.R.S. Edin., and B. Pollard, M.D., B.S., F.R.C.S. (THE LANCET, Oct. 6th, 13th, 20th, 1883.)

[2] THE LANCET, vol. i., 1883, p. 1045, Table of Twelve Cases of Tumour. In the report of discussion, Sir H. Thompson said "he had explored the bladder on this plan twenty-seven times, and found tumours in twelve cases, in other cases affording relief by the operation," p. 1046. In the last edition of my "Clinical Lectures," p. 171, fourteen cases of the operation are reported, six of which were cases of tumour.

tumour cases just mentioned, were only seven. Of the twenty-seven cases, seventeen are known to me to be now living, and for the most part doing well, two having died subsequently, one at the Antipodes and one of the earlier cases of tumour, both from malignant disease developed in other regions of the body.

I am quite sure that my esteemed fellow-workers, who have shown so practical an appreciation of the new method of examining and operating in obscure vesical disease, will welcome fresh evidence in its favour. One word in reference to inability to explore the interior of a bladder, which they seem to fear may not infrequently be encountered. Of the twenty-seven cases named, in only one was I unable to make a thorough examination when anæsthesia was complete (also from considerable enlargement of the prostate in a fat subject), and I have always had someone present to verify the condition with myself; for in no case have I operated without the presence of one or more hospital surgeons, often American or German, who have sought the opportunity to observe for themselves the practical results of the proceeding. I may say that it is exciting interest abroad, and that several cases have been recently done in Vienna and elsewhere. This is doubtless due to the fact that I published my first account of the operation in Paris and again in Italy before I even named it here, so that the first foreign reports of the proceeding and of its objects should be complete and authentic, and not a meagre quotation from our own.

I am, Sir, yours obediently,

Wimpole-street, Oct. 28th, 1883. HENRY THOMPSON.

REGISTRATION OF MEDICAL CHARITIES UNDER THE COMPANIES ACT, 1867.

To the Editor of THE LANCET.

SIR,—By the evolutions of time it has become necessary that the freehold properties and the funded securities of the Denbighshire and Flintshire General Infirmary shall be reinvested. In the case of the freehold of the building and of the most of the securities the original trustees are dead, so that these respectively are vested in the last surviving trustee's representatives. Although these are legal trusteeships, they are manifestly open to many complications, and it is highly desirable that they should be secured by new appointments. Before proceeding to the selection of new trustees, it was pointed out to the committee of management that they (or the governors of the charity) could register the charity as a limited liabilities company under the 23rd section of the Companies Act, 1867; that by such registration the appointment, and the reappointment from time to time, of new trustees would be unnecessary; and that the freehold and other properties of the charity would be permanently vested in the existing body of governors or their representatives on the committee of management. Before proceeding to a decision, further information as to registration was sought, together with the experiences of charities, and such-like bodies not trading for profit, under registration.

The nearest parallel instance of registration, such as is under consideration for the Denbighshire and Flintshire Infirmary, is that which was recently effected for University College Hospital, before the opening of the new building, by a private Act of Parliament. Other instances cited by the Board of Trade are those of the Liverpool Royal Infirmary School of Medicine, the Hampstead Home, and another similar hospital. In THE LANCET'S special articles upon Hospital Administration I do not find any mention of registration; nor is it alluded to in the proceedings of the July Conference of Hospital Administrators, nor in Mr. Burdett's book upon Cottage Hospitals. Thus, with such meagre available information upon registration, may I ask you, Sir, and your readers for opinions upon registration; for experiences under registration; and for the modes of procedure to obtain, and the government under, registration?

In particular, how are securities dealt with under registration? What is the cost of registration, including the memorandum and articles of association, and what form do these latter take? Do committees of management find themselves in any way hampered by registration in their previous discretionary powers? What formalities have to be observed in framing and instituting new rules other than those embodied in the articles of association? Is registration considered advantageous to the financial administration of medical charities?

In stating the case of the Denbighshire and Flintshire Infirmary, I feel that there probably are many other county infirmaries, cottage hospitals, or charities whose securities may be unsatisfactorily placed, and that an analysis of their positions may discover similar insufficiencies or difficulties to these. Registration appears to cover these difficulties so well that more knowledge of its advantages and workings may be of more than local interest, and may prove useful to committees in reorganising the constitution of charities.

I am, Sir, your obedient servant,

J. LLOYD ROBERTS,
Hon. Med. Officer to the Denbighshire and Flintshire General Infirmary.

Denbigh, Oct. 22nd, 1883.

"DISLOCATION OF THE SEMILUNAR CARTILAGE OF THE KNEE-JOINT."

To the Editor of THE LANCET.

SIR,—Your opinion that this injury is not unfrequently overlooked is supported by the histories of several cases that I have met with, and by the experiences of other surgeons which have been published from time to time since Mr. Hey, of Leeds, first described the nature of the accident. In THE LANCET for September 20th, 1851, a lecture delivered by Mr. Samuel Smith, senior surgeon to the Leeds Infirmary, upon the subject was published, and he stated that during the thirty-two years which he had passed as surgeon to the infirmary he had rarely had a year without seeing a case, and he had seen as many as three to five cases in a year.

In April, 1882, I published the histories of four cases which I had treated with success. In one patient the lameness had existed for three years, with occasional temporary increase from slight accidents. I lately heard from this patient (from America), and she states that the leg has remained quite sound since I reduced the dislocation two years ago.

In another case the displacement had existed for five years. This was also cured, and has remained well. Since writing the paper I have had other cases, one being that of a lady who had suffered almost constantly for more than ten years. The leg has remained perfectly sound since treatment was discontinued (ten months ago), and the patient has been travelling on the Continent with perfect comfort.

With regard to treatment, I would strongly urge that after thorough reduction of the displacement, passive movements be made by the surgeon frequently for a few weeks, the knee must not be fixed in an ordinary knee-cap; for free flexion and extension should be allowed, and an apparatus should be worn which prevents all other movements of the joint, and in some cases it is of advantage to adapt a pad to press upon the place where the cartilage has been felt to protrude. If all surgeons were to recognise these facts, and act upon them, we should hear less of the *successes* of the bone-setter.

I am, Sir, yours faithfully,

NOBLE SMITH, F.R.C.S.Ed.

Queen Anne-street, W., Oct. 1883.

SCOTTISH NOTES.

(*From our own Correspondent.*)

DR. LITTLEJOHN AND THE HEALTH OF WIGTON.

SOME suspicion having recently fallen, and apparently with some justice, upon the water-supply of Wigton, an investigation into the death-rate, among other matters, was instituted by Dr. Littlejohn. Putting aside some slight errors into which the registrar's returns led the doctor, it appears that during the past two and a half years there have been 101 deaths in the burgh. Of these 19 occurred in children under five years of age, and no fewer than 54 in persons over sixty. Among the 54 who outlived their threescore years, the average age at death was seventy-five years. With regard to the general conditions found by Dr. Littlejohn, they seem to have been favourable, but it is unusual for a man in his position, whatever the well-known views of the majority of the Town Council may be, to discourage an

attempt to obtain a medical officer for the place. The natural *bonhomie* of the medical officer from Edinburgh would seem to be thought exuberant in that quarter of Scotland, as one of the members of the Council (Dr. McConnell), in criticising his report, regards it as safe and guarded, but useless. By the way, it should be mentioned that my report of Dr. Littlejohn's strictures on Customs officers at Arbroath must be corrected, as it seems the Doctor had been excessively polite and appreciative of the officers' conduct when the occurrence so severely criticised took place. Miscalling the men whom he so praised two years ago was merely a slip of memory, and the well-known sanitarian, when challenged, has at once publicly apologised. We could ill afford to lose the diplomacy of one who has often to gild the pill to unwilling authorities, but on many occasions we would wish rather for decision and urgency.

MUNICIPAL CANDIDATES AND SANITATION.

A deal of lively literature is daily provided at present in connexion with the elections shortly to take place in the various burghs. It is eminently satisfactory to notice that in many of the principal towns health matters are receiving an amount of criticism and friendly notice which proves an awakening on the part of the public as to the surpassing claims of good sanitation among the factors for the comfort and well-being of the community. Candidates cannot reach far ahead of the people's wishes on the subject, but just at present it appears as if many of the platform orators are behind the wishes of their hearers. Sanitary reform means expense, and to boldly advocate measures of great public utility, if associated with higher rates, seems beyond the courage of most aspirants for local honours. It thus becomes a most hopeful augury to find constituencies declaring that their representatives shall go forward with improvements having for their chief purpose a diminished death-rate and the advantage of good sanitation. Aberdeen at present presents a most interesting and somewhat novel sight, as—all the members of the Town Council having retired, to allow a free expression of opinion on the part of the electors regarding the carrying out of the late Improvement Act—it is found that the opposition cannot even nominate a sufficient number of candidates to give them a chance of success. On the side of sanitary reform Dr. Beveridge is doing yeoman service; he shows himself thoroughly acquainted with the subject in every phase, and appears at present to be one of the most popular men in the northern city. He has already what the Americans call "a good record" in public work, and his services will be of great value in a body dealing with such important health problems as are in the immediate future for Aberdeen.

It might have been feared that the threatening attitude adopted in the Universities Bill towards St. Andrews would tend to frighten students from what some supposed to be a sinking ship. It is thus most gratifying to hear that the entries for the bursary competition—a good indication as to entries for the Arts courses—are this year more numerous than at any time in the history of the University. The friends of the old place have so rallied to its aid that neither the supposed Government opposition nor the success of the youthful and vigorous college at Dundee has hindered a promise of increased prosperity, which will give satisfaction to all the Scottish Universities.

The total number of students enrolled for the first session of the University College, Dundee, must be considered highly promising, especially in view of the limited number of subjects taught. There are now almost 300 students in attendance, over 90 of whom take the day classes.

Professor Bell Pettigrew, of St. Andrews, has been appointed medical officer to the Gibson Hospital, recently built there.

MONKWEARMOUTH AND SOUTHWICK DISPENSARY.

Important alterations and additions have been made lately to this very useful institution, standing as it does so well for the reception of accidents occurring in the various manufactories on the south side of the Wear. It may be stated that during the month of June alone forty-nine in-door patients were received into the dispensary, who otherwise would necessarily have been removed to the Sunderland Infirmary. The extension just made includes five additional beds, post-mortem room, lavatories, &c. The funds of this deserving institution are also in a healthy condition.

THE RIVIERA.

(By our Roving Correspondent.)

THE district known as the Riviera, whither so many inhabitants of the more northern parts of Europe annually repair, is so well known that it seems impossible to say anything about it which can be profitable or even interesting to read. The *brochures* by different physicians practising in the various towns along the Riviera are sufficiently numerous, if not too numerous, but many of them are more or less tainted by local bias, as is but natural, and herein lies one of the excuses for daring to write on so well-worn a subject. The most trying time of the whole winter in England are the months of January and February, and it often happens that the hard frosts of the former month and the heavy rains of the latter keep invalids and delicate persons almost wholly within doors. These months are often the most trying also in the South of France, and therefore it may not prove uninstructive to lay before the readers of THE LANCET the experiences of one who visited the coast at what is allowed to be, perhaps, the least propitious season of the year, and during one of the worst seasons on record—viz., that of 1882–83.

Before dealing with the locality, it may be well to offer a few remarks on the journey. This is becoming year by year less formidable than formerly was the case, and it is now possible to travel from London to Marseilles in little more than twenty-four hours. There can be no doubt that such a journey in the middle of winter is, for a delicate person, not unattended with danger. The dangers lie mainly in the risk of catching cold, and this risk is very greatly enhanced if the journey be performed in an ordinary railway carriage in company with (possibly) seven other delicate persons. The carriages are well warmed, and the frequent change of foot-warmers on the French lines of railway is a fact which is in very strong contrast to the bribery and difficulty which encumber similar luxuries in England. If the French carriages are well warmed, however, they are almost wholly without ventilation, and the French (especially ladies) object to the smallest chink of the window remaining open. The result is that it often happens that eight persons are boxed up for hours together in something under 400 cubic feet of space, the only ventilation being derived from such currents of air as are driven through the chinks of the carriage. Now, the Black Hole of Calcutta is reported to have been a cube of about 18 feet, and contained, therefore, 5832 cubic feet of space, which, divided amongst the 146 persons who were thrust into it, gave a little more than 39 cubic feet of space to each—a space about equal to that allowed in a first-class French railway carriage, having its full complement of passengers and hand-baggage. Happy is the man who, under circumstances of this kind, is ignorant of bacilli, and all the possibilities of infection from the emaciated person with the deep, rattling cough, who mayhap occupies the seat opposite. The dangers of sitting in such a carriage are undoubtedly great, but they are terribly accentuated if the necessity arises for leaving it, and suddenly exchanging its pestilential atmosphere for the chilly draughts which are found on railway platforms, especially at night and in the early morning. The advice which we would tender to any person about to take this journey would be to wrap warmly and keep one window of the railway carriage open, at least at the top, during the whole journey. Passengers who are really in a delicate state of health must carefully consider how best to avoid the dangers of the journey. The best way of accomplishing it, probably, is to leave London by the morning train, having previously *made sure* (no easy matter) of a berth in the through sleeping-car at Calais. Once in the sleeping-car the passenger need not leave it till he reaches his destination, be it Marseilles, Cannes, Nice, or Mentone. In the sleeping-cars there is a watercloset and lavatory, and if a luncheon-basket be taken there will be no necessity for running the risk of sudden chill by alighting during the journey. The speed of the train between Calais and Marseilles is excellent, and the arrangements for feeding the passengers by the day trains are marvellously good. The two dangers are—first, semi-asphyxia; and, secondly

chill. Trains *de luxe* are shortly to be run between Calais and Bologna, *viâ* Turin, and it is to be hoped that travellers to the Riviera will soon be provided with the palatial comforts afforded by the Pullman cars. If it be preferred, the traveller can of course break his journey as often as he chooses, but it is probable that he will run the least risk by going straight through. A few hints may not be out of place on the subject of night travelling, and how best to obtain sleep. The traveller should wear loose-fitting clothes made of tweed, or similar material, and should be provided with a soft cap, which will pull over the ears, and a pair of slippers. Let him have some food with a little wine between six and eight o'clock, and then, when drowsiness comes on, he must prepare himself for sleep by taking off his collar and boots, as it is absolutely necessary in order to obtain sleep to encourage the requisite anæmia of the brain by loosening the neckerchief and allowing the circulation through the feet to be perfectly free. This done, let him assume a position as near the horizontal as possible, and be well covered up, and under such circumstances he ought to get several hours of refreshing slumber, and be ready for a cup of coffee when the train stops at Marseilles.

The journey finished, the question of lodging becomes important. Invalids should always be guided by the advice of a local physician before fixing on an hotel, and they should never definitely take up their quarters *en pension* in any hotel without giving it a few days' trial. Only a very small minority of hotels have been designed with a view to the health and comfort of the guests. In ordinary hotels the bedrooms open directly on to corridors, and communicate by doors. In most of the hotels the doors are single, and the separation-walls between the rooms are of the flimsiest; and the occupant of any room runs the risk of having his rest disturbed by the traffic and work in the corridor, and by the conversation, stamping, coughing, or perhaps the pianos of his neighbours in the adjoining rooms. For an invalid refreshing sleep is all-important, and we cannot advise a person of delicate health to stop in any hotel in which the bedrooms are not provided with double doors, or are otherwise made secure against noise. For the same reason hotels which are too close to railways or noisy streets are to be avoided. It is needless to say that the doors and windows of bedrooms ought to fit sufficiently well to keep out draughts. This is not always the case; and as we write we call to mind at least one hotel in which a palatial marble staircase leads to rickety old rooms with an inch or so to spare between the floors and the bottoms of the doors. In some hotels the *salle à manger* and the *salon* are of insufficient size and badly ventilated, and since many hours have to be passed in these apartments it is important that an invalid should not patronise an establishment where insufficient cubic space is allotted to the public rooms. Another important matter is the quality of the food. In many establishments which are intended to attract the English the cooking is too rich. Of all forms of bad cookery we think that bad French cookery is the worst, in which the dishes are complicated and greasy, in which great show is made with mushrooms, truffles, and cocks-combs, and all natural delicate flavours are smothered by the innumerable adjuncts poured in by the heavy hand of a vulgar *chef*. Throughout France it is the invariable custom to include wine at the *table d'hôte*. This custom is dying out in the hotels patronised by the English, and in place of fresh and refreshing *ordinaire* provided by the host guests are now expected to pay for wine the quality of which is seldom first-rate, and the price for which is always exorbitant. It is a common custom for those *en pension* to have their wine kept for them from one meal to the next, and one may often see guests drinking from a bottle of Bordeaux which has been open for three or four days, and has been kept in some cupboard in the room. It is needless to say that light French wine is certainly spoiled by such a process, and if it be not rendered unwholesome it assuredly becomes unpalatable. Visitors to the Riviera ought to make a stand against the rapacity of hotel keepers, and for five francs they ought to insist on a good *table d'hôte, vin compris*. Another important matter with regard to hotels is the quality of the sanitary arrangements. These have improved immensely of late years; but the *lucus a non lucendo* water-closet is not yet quite extinct, and there is probably no more dangerous machine than a watercloset without water.

The main factor in determining the popularity of this or that health resort is undoubtedly its accessibility. The completion of the line of railway from Marseilles to Genoa has thrown open the whole of this portion of the Mediterranean coast to the seekers after warmth and sunshine, and those places are the most popular which have the best train-service. The country between Toulon and Genoa, popularly known as the Riviera, is about 220 miles in length from west to east, and is situated between 43° 10' and 44° 20' of north latitude. The most southern health resort of this locality (Hyères) is some 650 miles south of London as the crow flies, while Genoa, the most northern town, is seventy to eighty miles more to the north. It cannot fail to be observed that the celebrity of the various stations along the coast has to a great extent depended upon railway communication. The proximity of Hyères to the politically important town of Toulon and the consequent ease with which it was reached from Paris, brought it early into note, and Hyères was a well-known resort before some of its younger rivals were thought of. As the railway slowly found its way eastward other towns of this highly favoured district attained notoriety, and it may safely be said that the patronage of Lord Brougham would not have been of much use to Cannes had not the iron road forced a passage through the Estrelle mountains. The railway now reaches from Marseilles to Genoa, and it may be predicted with certainty that before many years elapse the whole country from Hyères to San Remo will be one big winter city. Building operations are being pushed forward with great activity, and very notably at St Raphael, close to Frejus (to the west of Cannes) at Antibes, between Cannes and Nice, and at Ospedaletti, between Bordighera and San Remo. Not only are new places springing up, but the old ones are extending, and at Hyères, Cannes, Monaco, Mentone, and San Remo, builders and architects are still, as they have been for years past, busily engaged. A new line of railway is projected (and has just received the sanction of the State) from Hyères to Frejus. This line will skirt the coast as far as St. Tropez, and will then follow the northern side of the bay of St. Tropez, a picturesque district with a sloping hilly shore covered with pine and cork trees, and there can be no doubt that it is destined at no distant date to be dotted with hotels and villas. Eastward of San Remo the climate is less warm, although, like the more protected districts, it enjoys a glorious sun. Among the rising towns of this district is Alassio, with an excellent hotel and magnificent sands. It is a pleasant enough place even in the winter, and its unrivalled facilities for bathing must bring it a large concourse of visitors in the spring, early summer, and autumn.

(To be concluded.)

THE HIND FUND.

The following additional subscriptions have been received and paid to the account of the "Hind Fund" at Messrs. Coutts' Bank:—

F. B. Courtenay, Esq.	£10	10	Dr. John Williams ...	£1	1
Dr. H. Buss...	5	0	J. P. Holyoake, Esq.	1	1
T. J. P. (per J. J. Pope, Esq.)	5	0	W. H. Torback, Esq.	1	1
			R. F. H. King, Esq. ...	1	1
Sir Henry Pitman ...	3	3	Dr. Carnow	1	1
Thomas Smith, Esq. ...	3	3	Dr. H. Allen Aldred...	1	1
Morrant Baker, Esq....	3	3	Edmund Whitfield, Esq.	1	1
Sir Henry Thompson..	2	2	W. Lee, Esq.	1	1
Dr. G. V. Poore ...	2	2	Duncan MacArthur, Esq.	1	1
E. Sandwell, Esq. ...	2	2	Dr. A. G. Cross ...	1	1
Henry Stear, Esq. ...	2	2	H. J. Manning, Esq....	1	1
E. H. Beaman, Esq. ...	2	2	John Bluett, Esq. ...	1	1
C. J. Harris, Esq. ...	2	2	Dr. T. H. Morehead...	1	1
C. G.	2	2	Dr. Fancourt Barnes...	0	10
Prof. Ray Lankester...	2	0	C. C. Balding, Esq. ...	0	10

Subscriptions may be paid to Dr. Richardson, F.R.S., (chairman), 25, Manchester-square; John Tweedy, Esq., F.R.C.S., 24, Harley-street, Hon. Treasurer; A. J. Pepper, Esq., F.R.C.S., 122, Gower-street; and T. Wakley, jun., Esq., L.R.C.P., 96, Redcliffe-gardens, Hon. Secretaries; or to Messrs. Coutts & Co., Strand.

DR. REGINALD EDWARD THOMPSON, of Trinity, has been appointed assessor to the Regius Professor of Physic at Cambridge.

THE SUSPENSION OF DR. ROGERS.

A MOTION calling upon the master of the Westminster Workhouse to resign has been rejected by the Board of Guardians of this union by 11 votes to 6. The reason which the majority, who are evidently determined to keep this official in his position, allege for the course they are pursuing is that they do not credit the evidence of any of the witnesses who appeared against him. The Local Government Board have sent back Dr. Rogers' answer to the guardians' charges against him to the Westminster Board for its consideration. The following resolution has been unanimously passed at a meeting on the 24th ult. by the Dorset and West Hants Branch of the British Medical Association :—

"That this Branch having read in the public journals that Dr. Joseph Rogers has been suspended from his office as medical officer to the Westminster Workhouse, ostensibly on frivolous and vexatious charges, but really for giving honest evidence in an inquiry into the conduct of the master, and his resignation demanded, whilst the master against whom most serious charges have been established has been continued in office, desires to enter a strong protest against the manner in which Dr. Rogers has been treated, and which materially affects the position of every Poor-law medical officer. This Branch trusts that the action of the Committee of Council and of this Branch will be supported, not only by every Branch of the Association, but also by the medical profession throughout the United Kingdom."

To the Editor of THE LANCET.

SIR,—I beg to enclose a first list of subscriptions received by me towards the "Rogers Testimonial," and would feel obliged if you would kindly insert it.

I remain, Sir, yours truly,
J. WICKHAM BARNES.

Poor-law Medical Officers' Association, 3, Bolt-court, Fleet-street, London, Oct. 31st, 1883.

Ernest Hart, Esq.	£5	0	0
Dr. Whitwell, Shrewsbury	1	1	0
T. Burrows, Esq., Witheridge (Devon) ...	1	1	0
Dr. O'Connor, Chatteris	1	1	0
Dr. R. Carpenter, Stockwell-road	1	1	0
G. Pound, Esq., Odiham, Hants	1	1	0
J. Breward Neal, Esq., Infirmary, New Wandsworth	1	1	0
F. Hall, Esq., 1, Jermyn-street	1	1	0
Dr. Grabb, Silso Villa, Ealing...	1	1	0
C. Frost, Esq., F.R.C.S., Ladbroke-square...	1	1	0
Dr. Samuel Smith, Pershore	1	1	0
Dr. Godrich, Fulham	1	1	0
Dr. Gidley Moore, Ongar	0	10	6
J. Wickham Barnes	1	1	0
Dr. Walter Smith, Stanhope-terrace, Regent's-park	1	1	0
Dr. Norman Kerr	1	1	0

The following subscriptions to the Fund have been received at our office :—

Messrs. Wakley, Proprietors of THE LANCET	£10	10	0
Dr. W. W. Morgan	1	1	0
Dr. W. M. Webb	1	1	0
Dr. J. Milward	1	1	0
S. H.	0	2	6

Obituary.

SURGEON-GENERAL FRANCESCO CORTESE.

THE death on the 25th ult. of this eminent army surgeon is a loss to Italy and to science, both of which he has laid under lasting obligations. Born at Treviso in 1801, he completed his medical studies in the University of Vienna, and in his twenty-fourth year he was a lecturer in that of Padua. The post of Chirurgo Provinciale (provincial surgeon) at Venice was conferred upon him in 1832, and six years thereafter he was nominated to the chair of Anatomy in the great Paduan school. Here he taught and studied with brilliant success, till his participation in the liberal rising of 1848-9 compelled him to seek refuge in Piedmont, where his fame, however, had so preceded him that he immediately attracted the attention of the Government. He entered the Sardinian army as surgeon and rose to be the head of the medical department, in which capacity he rendered signal service to hygiene. His contributions to the literature of this subject are very numerous and greatly prized not only by Italian but by French and German army surgeons. In 1877 he was put on the retired list when, in the judgment of many leading Italian citizens, he ought to have been made a Senator of the kingdom. But he was not a *persona grata* to any of the short-lived governments of the Left, and had to yield precedence to others not nearly so deserving of senatorial honours. On Saturday, the 27th ult., his remains were followed to the grave by distinguished representatives of his own and other professions, as well as by the most eminent citizens of Rome.

JAMES BALDING, M.R.C.S., L.S.A.

ON Sept. 25th last, Mr. James Balding, who had reached the patriarchal age of eighty-seven, passed over to the majority. The deceased was born at Downham, Norfolk, in 1797. He lost his father when six years old. In his eighteenth year he entered the profession, and in 1827 settled at Barkway, Herts, where he continued to practise for upwards of fifty years. He was a parochial surgeon for some years before the introduction of the new Poor-law, and when the unions were established was appointed to a district in the Royston Union, and to a similar post in the Saffron Walden Union. Both of these appointments he held for upwards of forty years, the duties of which he performed in a very conscientious manner, no complaint ever having been preferred against him. At the age of seventy-seven he resigned his Poor-law appointments, on which occasion the guardians of the Saffron Walden Union acknowledged his long and faithful services, whilst the guardians of the Royston Union did not even acknowledge the letter tendering his resignation, the first knowledge he received on the subject being the appointment of his successor. From neither union did he get superannuation allowance.

Mr. Balding was an active supporter of the national school movement, and was one of the first to see the advantages of the cottage hospital movement, which he was instrumental in introducing at Royston, having by his own exertions procured large contributions towards the building fund. He leaves behind him five sons and two daughters, three of his sons having entered the medical profession.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. — The following gentlemen were admitted Members of the College on Oct. 25th :—

Chadwick, Chas. Montague, M.B. Oxon., London Hospital.
Chapman, Paul Morgan, M.D. Lond., Gordon-square.
Datt, Money Lall, L.M. Bombay, Guilford-street.
Duncan, Wm. Archdeckne, M.D. Brus., Lambeth-palace-road.
Jones, Chas. Montague Handfield, L.R.C.P., Montagu-square.
Money, Angel, M.D. Lond., Langham-place.
Savill, Thomas Dixon, M.D. Lond., St. Thomas's Hospital.
Suckling, Cornelius William, M.D. Lond., Birmingham.

On the same day the following gentlemen were admitted Licentiates of the College :—

Backus, Lorenzo, M.B. Toronto, Grafton-street.
Bell, John, University College Hospital.
Bolton, Alfred, Whitecross, Warrington.
Boswell, John Irvine, Guildford-place.
Bowser, James Chas., M.D. McGill, Cornwall-road, Stroud-green.
Cahill, John, Albert-gate.
Carruthers, George, M.D. McGill, Cornwall-road, Stroud-green.
Cock, Morris Fisher, Woodville, South Molton.
Cook, Jonathan Nield, Arundell-street.
Cox, John Henry, Doddington-grove.
Dacre, John, General Infirmary, Leeds.
Dolsen, Francis Jacob, M.B. Toronto, Grafton-street.
Doyle, Edward Angel Gaynes, Trinidad.
Edwards, George Frederick, St. James's Green, Thirsk.
Evans, William George, King's College Hospital.
Fraser, James Alexander, Finsbury-square.
Greenwood, George, Queen Anne's Place, Bush-hill Park.
Harries, Henry Jones, Stanhope-street.
Hooper, Henry Walpole, Souldern, Sevenoaks.
Hoople, Edwin Manley, M.B. Toronto, Grafton street.
Irving, Duncan Bell, White-hill, Lockerbie, Scotland.

Jalland, Robert Wallace, Horncastle.
Jenner, John Earle, M.B. Toronto, Grafton-street.
Knaggs, Robert Lawford, Disraeli-road.
Lawrence, Sidney Cameron, Bath-row, Birmingham.
Leaver, Charles Basil, Horbury-crescent.
Mercer, James, Offley-road, Brixton.
Miller, Thomas Hugh, Fentiman-road.
Nunneriey, Phillip Jebb, Powis-square.
Oliver, Vere Langford, St. George's Hospital.
Paley, Frederick John, Granville-square.
Robinson, Henry Betham, York-crescent, Lower Norwood.
Rook, Albert Edward, Middlesex Hospital.
Stewart, Edward, Harley-street.
Stokes, Francis Alexander, Compton-terrace.
Webster, William Frederick, Victoria Villas, Kilburn.
Wigg, Henry Higham, Albert-street.
Wood, Neville Thorold, Hill-street.

ROYAL UNIVERSITY OF IRELAND.—The following degrees and diplomas were conferred last week by his grace the Duke of Abercorn, Chancellor of the University:—

DOCTOR OF MEDICINE.—Honours, First Class: William H. Thompson. Second Class: David P. Gaussen, William J. Moynahan, John Sheedy.—Upper Pass Division: W. Barter, H. Cooke Brannigan, Joseph J. Brownlee, James Cagney, Robert W. Henderson, James Meek, J. H. Swanton, William Watters, Patrick B. White.—Lower Pass Division: Walter Atterbury, Robert Alexander Barber, Robert Barry, Edward Coey Bigger, John Welpy Bullen, W. Calwell, James Carroll, Archibald Dickey, Peter John Doyle, John Ellison, Richard Hall, Joseph B. Jackson, George Johnston, Richard Kelly, Thomas Dick Kirk, James Lennox, Alexander Lindsay, John Anthony Lynch, William McAlister, Matthew McAuley, John McCaw, Robert McElwaine, John McGlynn, John McIlroy, Joseph McNinch, J. Alex. Macaulay, Jeremiah McMahon, Henry Massey, James Mitchell, Archibald P. Moore, Samuel James Moore, Arthur Edward Morris, James O'Connell, Claudius O'Donel, Daniel O'Mahony, Patrick Quinlivan, Robert Sayers, Henry J. Taylor, James Taylor, Samuel Wallace, Edward Copley Ward, Barnett Wilson, Charles G. Woods.

BACHELOR OF MEDICINE.—Lower Pass Division: Daniel Lee, Joseph F. O'Carroll.

MASTER OF SURGERY.—Robert A. Barber, William Barter, Edward Coey Bigger, Henry C. Brannigan, Henry Edward Brown, John Welpy Bullen, James Cagney, William Calwell, James Carroll, William Good, William Graham, Richard H. Hall, Robert W. Henderson, Joseph B. Jackson, Alexander M. Johnson, Richard Edmund Kelly, Thomas D. Kirk, James Lennox, John Anthony Lynch, William R. McAlister, Jeremiah MacMahon, James Meek, Campbell M. Mitchell, Samuel James Moore, Arthur Edward Morris, William J. Moynahan, John A. Nealon, Joseph O'Carroll, Daniel O'Mahony, James Morrison Orr, Thomas Pritchard, Patrick Quinlivan, Robert Sayers, John Sheedy, James H. Swanton, Robert G. Thompson, William H. Thompson, Francis Green Tooker, Edward Copley Ward, William Watters, George Wetherall Weir, Patrick Bernard White, Barnett Wilson, Charles G. Woods.

DIPLOMA IN OBSTETRICS.—William Barter, Joseph John Brownlee, James Cagney, Richard H. Hall, William Gordon Hanna, George J. Johnston, Richard E. Kelly, Wm. McAlister, Wm. J. Moynahan, James O'Connell, Daniel O'Mahony, Patrick Quinlivan, Michael J. Sexton, John Sheedy, J. Hutchieson Swanton, Francis Green Tooker, Barnett Wilson, Charles G. Woods.

APOTHECARIES' HALL. — The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 25th:—

Draper, James William, Barnsbury-road.
Forden, George, Stafford Infirmary.
Harris, John Henry, Abertillery, Monmouthshire.
Winstanley, Robert Wyndham, Victoria Dock Dispensary.
Whish, Martin Samuel, Granby-street.

The following gentlemen also on the same day passed the Primary Professional Examination:—

George J. Dashwood Becher, Middlesex Hospital; Philip Boobbyer, King's College Hospital.

DR. NUNAN has been elected chairman of the Kinsale Town Commissioners for the ensuing year.

PROF. REDFERN has been elected a Medical Fellow of the Royal University of Ireland in the departments of Anatomy and Physiology.

OBSTETRICAL SOCIETY.—The Library will, we are informed, be open on the evenings of the meetings of the Society from 7.15 to 7.45.

DR. C. S. ROY, Professor Superintendent of the Brown Animal Sanitary Institution, has issued a notice detailing the various symptoms and forms of hydrophobia.

THE LONDON HOSPITAL MEDICAL COLLEGE.—The Buxton Scholarship, of the value of £30, has been awarded to Mr. H. E. Fernandez, and that of the value of £20 to Mr. A. Fagan.

VACCINATION GRANTS.—The following gentlemen have received the Government grant for successful vaccination in their respective districts:—Dr. Dring, third district of the Swaffham Union (third time); Mr. Alfred Charlton, Brabourne, Ashford; Dr. P. M. Braidwood, of Birkenhead.

FELTENBURG COLLEGE, at Folkestone, a building which stands on the site of the house in which Harvey was born, has been recently offered for sale by auction, but a transfer was not effected.

MR. WILLIAM HAY CALDWELL, B.A., Fellow of Gonville and Caius Colleges, has been elected to the studentship which was founded in memory of the late Professor Balfour. The studentship is of the value of £250, tenable for three years, and the holder of it is required to devote himself to original research in biology, especially animal morphology.

NEW ENTRIES.—The following information is supplementary to that already given under this heading. At Cambridge University it appears that no less than ninety of the freshmen are intending to study medicine. At the University of Durham College of Medicine the entries for the session number sixty-eight, of which twenty-five are of full students.

THE DRAINAGE OF NEWBURY.—An inquiry was held at Newbury by an inspector of the Local Government Board on the 23rd ult., in reference to the proposal to borrow £25,000 for the carrying out of the proposed sewerage works. There was no opposition to the proposal, and during the inquiry, which lasted several hours, all the details of the proposed scheme were thoroughly discussed.

THE SANITARY STATE OF BAGSHOT.—At the last meeting of the Chertsey Rural Sanitary Authority the sanitary condition of Bagshot was, consequent on Dr. Jacob's report received at the previous meeting, taken into consideration. The matter was discussed at great length; but finally it was decided that the inspector be instructed to make a further report on the sanitary condition of the place, and to ascertain the cost of laying down sewers, &c.

THE BIRMINGHAM SUBURBAN HOSPITAL.—Miss Phipson, of Westbourne, Edgbaston, has intimated her intention of giving £1000 to the endowment fund of the Birmingham Suburban Hospital, presented by Mr. Jaffray to the General Hospital. This makes the eighth donation of £1000 presented to the fund. The ninth donation of the same amount has been given by Mrs. Simcoxon, of Sparkhill.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—The quarterly meeting of the Association was held at Bethlem Hospital on Friday, 26th October, when a paper was read by Dr. Mickle on "Rectal Feeding and Medication." At the commencement of the meeting reference was made to the death of Dr. Boyd at the fire at Southall Park, and a resolution of condolence with his family was unanimously adopted.

BRIDGEWATER INFIRMARY.—The report presented at the seventieth annual meeting of the subscribers to this institution on the 29th ult. showed that the in-patients during the past year had numbered 354 and the out-patients 2095. The invested capital now amounts to £5000. A further gift by Mr. Broadmead of twenty-seven acres of valuable freehold land and a donation of fifty guineas from Mr. Cook was announced by the committee.

CANCER OF THE BREAST IN A GIRL.—A remarkable instance of the breast being attacked with cancer has lately occurred in a patient aged only thirteen years, who was last week under the care of Sir George Porter in the Meath Hospital, Dublin. The part implicated was removed on the 24th ult., and the case is interesting in consequence of the youth of the patient. The cancer was not scirrhus, but consisted of a soft variety of the disease.

OPHTHALMIC HOSPITAL AT JERUSALEM.—From a report as to the progress of this institution, belonging to the English order of St. John of Jerusalem, furnished by desire of H.R.H. the Prince of Wales, it appears that during the six months of its existence the total number of patients received has been 1592, and on some days the attendance has reached 140. The results of the treatment cannot yet be shown, as many of the patients are still under treatment. A plot of ground, six acres in extent, has been secured, and a substantial two-storeyed house, which stands upon it, is being converted into a hospital, thus securing for the charity a permanent home.

UNIVERSITY OF CAMBRIDGE.—The Examiners for Medical and Surgical degrees for the current year are:—1st M.B., Dr. S. H. Vines, Professor Garnett, and Mr. Pattison Muir; 2nd M.B., Professor Paget, Professor Milnes Marshall, Dr. Gaskell, and Mr. Shuter; 3rd M.B., Professor Lister, Mr. Davies-Colley, Dr. Matthews Duncan, Professor Paget, Dr. O. Sturges, and Mr. Handfield Jones; B.C. and M.C., Professor Humphry, Professor Lister, and Mr. Davies-Colley; M.D., Professor Paget, and Dr. Reginald Thompson. Examinations for Medical and Surgical degrees will be held as follows:—1st M.B. examination begins on Dec. 17th, concluding on Dec. 21st; 2nd M.B. commences on Dec. 13th, ending on Dec. 18th; and the 3rd M.B. will be held from Dec. 13th to Dec. 21st. For the degrees of Bachelor and Master of Surgery the examinations commence on Dec. 17th, and are continued on the following days.

ACADEMY OF MEDICINE IN IRELAND.—The following office-bearers have been elected for the ensuing year:—Medical Section.—President: William Moore. Council: J. Magee Finny, Samuel Gordon, T. W. Grimshaw, R. A. Hayes, H. Kennedy, J. W. Moore, C. J. Nixon, George F. Duffey, W. G. Smith. Secretary: A. N. Montgomery. Obstetrical Section.—President: G. H. Kidd. Council: Lombe Attbill, J. A. Byrne, F. Churchill, John Denham, G. Johnston, J. R. Kirkpatrick, A. V. Macan, T. Madden, W. J. Smyly. Secretary: W. Neville. Surgical Section.—President: W. I. Wheeler. Council: J. K. Barton, W. Colles, H. G. Croly, P. J. Hayes, A. H. Jacob, E. D. Mapother, E. S. O'Grady, W. T. Stoker, H. R. Swanzy. Secretary: William Stokes. Pathological Section.—President: A. H. Corley. Council: P. S. Abraham, C. Coppinger, A. Foot, J. V. Lentaigne, T. E. Little, J. M. Purser, F. Quinlan, W. Stoker, J. B. Story. Secretary: E. H. Bennett.

ST. JOHN AMBULANCE ASSOCIATION.—A meeting of the Central Executive Committee was held on Friday, the 26th ult., at St. John's-gate, Clerkenwell, Lieutenant-Colonel F. Duncan, R.A., Deputy-chairman, presiding. It was reported that meetings for the purpose of presenting certificates to successful candidates, and for the opening of the winter session, had been held during the month at numerous towns, including Portsmouth, Portsea, and Cowes. In England new centres had been inaugurated, although the winter session is only just commencing, at Sutton Coldfield, South Shields, Lichfield, Hertford, Ebbw Vale (Monmouthshire), and Stockport, and besides the "Victoria Centre," previously reported, recent advices stated that districts under the Association were being formed in Sydney and Newcastle, New South Wales, to which colony "material" of the value of £240 had been lately despatched for use on railways. Many fresh detached classes were being arranged at home and abroad, among the latter being Boulogne-sur-Mer, Florence, Cape Town, Naini Tal, and Allahabad, India; and Christ Church, New Zealand; and Lady Brassey, on leaving England a few weeks since for a voyage in the *Sunbeam*, had taken a large quantity of books and printed matter, with a view to initiating the ambulance movement in Madeira, British Guiana, and the West Indies.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest*

ASHWELL, H. G., L.R.C.P., M.R.C.S., has been appointed Assistant House-Surgeon to the General Hospital, Nottingham, vice Henry Handford, M.B., resigned.

ASHWELL, HERBERT GEORGE, M.R.C.S., has been appointed Assistant House-Surgeon to the General Hospital, Nottingham, vice Handford, resigned.

BATSON, WM. LASCELLES, L.R.C.P.L., M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Fourth District and Workhouse of the Dorking Union.

BROMLEY, JOHN BOURNE, M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Second Division of the Halstead Rural Sanitary District.

CAMPBELL, COLIN MACIVER, M.A., M.D., Assistant Medical Officer, Durham County Asylum, has been appointed Medical Superintendent of the Perth District Asylum, Murthly, vice Professor W. C. McIntosh, F.R.S. &c., resigned.

CANE, LEONARD, M.D.Lond., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer to the Workhouse and Peterborough District of the Peterborough Union.

COXWELL, CHARLES FILLINGHAM, M.A., M.B.Cantab., M.R.C.P.Lond., M.R.C.S., has been appointed Assistant-Physician to the Royal Hospital for Diseases of the Chest, City-road, vice Dr. H. S. Gabbett, resigned.

CROWTHER, GEO. D., L.R.C.P., L.R.C.S., L.S.A.Lond., has been appointed Senior House-Surgeon to the Halifax Infirmary, vice John Davy, M.D., resigned.

EDWARDS, ARTHUR R., L.R.C.P., M.R.C.S., has been appointed Resident Medical Officer to the St. Pancras and Northern Dispensary.

EVANS, FREDERICK WILLIAM, M.D., C.M.Aber., M.R.C.S., L.S.A.Lond., has been appointed Surgeon to the Melingriffith Tin Works, South Wales, vice Thomas Evans, M.R.C.S., L.S.A.Lond., deceased.

FURLONG, NICHOLAS, L.K.Q.C.P.I., L.R.C.S.I., has been appointed Visiting Physician to the District Lunatic Asylum, Enniscorthy, vice Draper, appointed Resident Medical Superintendent.

HINDS, JAMES, M.B.Lond., L.R.C.P.Ed., L.R.C.S.Ed., has been reappointed Medical Officer of Health for the First Division of the Halstead Rural Sanitary District.

JONES, BENJAMIN, M.R.C.S., has been appointed Medical Officer to the Pennington District and Workhouse, Leigh Union, vice Paradise, resigned.

KENNA, DENIS P., L.R.C.S.I., has been reappointed Resident Surgeon to St. Vincent's Hospital, Stephen's-green, Dublin. Also Visiting Surgeon to St. Vincent's and Mullen's Convalescent Homes, Blackrock, co. Dublin.

MORTON, AUGUSTUS CHARLES, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer and Public Vaccinator for the Bacton District of the Smallburgh Union, Norfolk, vice Wilcox, resigned.

PATON, D. N., M.B., C.M., has been appointed Resident Physician (for six months) to the Royal Infirmary for Sick Children, Edinburgh.

PINKERTON, JAMES, M.D., M.S.Q.U.I., has been appointed Assistant Medical Officer to the Brownlow-hill Workhouse, Liverpool Parish.

QUICK, JAMES RICHARD, M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer for the No. 1 District of the Penzance Union.

STANDEN, PETER, M.B., C.M.Ed., has been reappointed Medical Officer of Health for the Mansfield Rural Sanitary District.

VERITY, HERBERT W. STEELE, M.R.C.S., has been appointed Resident Medical Officer to the Kilburn, Maida-vale, and St. John's-wood General Dispensary, vice Bird, resigned.

WILKINSON, Mr. OSWALD, has been reappointed Public Analyst for the Borough of Stockport.

WILLIAMS, CYRIL JOHN, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Blankney District of the Sleaford Union.

Births, Marriages, and Deaths.

BIRTHS.

GRIEVE.—On the 30th Sept., at Fort Canje, Berbice, the wife of Robert Grieve, M.D., of a son.

M'CULLOCH.—On the 25th ult., at 2, Great Paragon, Tenby, the wife of James M'Culloch, Surgeon, of a son.

POWELL.—On the 20th ult., the wife of Evan Powell, Medical Superintendent of the Nottingham Borough Asylum, of a son.

REDMAYNE.—On St. Simon's and St. Jude's Day, at Ambleside, the wife of Hugh Redmayne, Surgeon, of a son.

STOKER.—On the 29th ult., at Cadogan-terrace, S.W., the wife of George Stoker, M.K.Q.C.P., of a daughter.

MARRIAGES.

COLLINGS—WILLIAMS.—On the 24th ult., at Christ Church, Brondesbury, Charles D'Auvergne Collings, M.A., M.B.Oxon, younger son of Bonamy Collings, Esq., of Guernsey, to Laura Josephine, younger daughter of the Rev. Charles William Williams, D.D., Rector of Christ Church, Brondesbury.

NEVILLE—MILLER.—On the 30th ult., at St. Mary's, Chorley, by the Rev. J. Hawkesworth, John J. Neville, L.R.C.P. and S.Ed., to Sarah, daughter of the late John Miller, Esq.

PARADISE—TUNNICLIFFE.—On the 24th ult., at the Parish Church, Leigh, Thomas Decimus Paradise, M.R.C.S.E., L.S.A., son of J. Paradise, Esq., J.P., Stamford, Lincolnshire, to Mary Lomax Tunnicliffe, eldest daughter of the late Ralph Tunnicliffe, Esq., of the Firs, Westleigh, and of Mrs. Tunnicliffe, of Pennington Hall, Leigh, Lancashire.

DEATHS

HARKNESS.—On the 19th ult., at Dumfries, Dr. John Harkness, aged 80.

HIGGINS.—On the 27th ult., at Weston House, Southwark, Andrew Henry Higgins, L.R.C.P. and L.S.A., Her Majesty's Certifying Surgeon to Factories, aged 61.

ROSS.—On the 23rd ult., at Ardross-terrace, Inverness, J. Jones Ross, M.D. St. And., aged 66.

SHUTER.—On the 1st inst., James Shuter, M.A., M.B. Cantab., F.R.C.S., only son of James L. Shuter, of Lawn House, Tufnell-park-road, Holloway, aged 37.

YOUNG.—On the 31st ult., at 4, Malvern Villas, Hounslow, Louisa Jane, the beloved wife of Edward Young, M.D., late of Salisbury. Friends will kindly accept this the only intimation.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths*

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Nov. 1st, 1883

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb	Wet Bulb	Solar Radia in Vacuo.	Max. Temp. Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Oct. 26	30·07	S.W.	58	56	73	61	55	..	Cloudy
,, 27	30·06	S.W.	56	54	76	63	53	·07	Cloudy
,, 28	30·18	S.E.	54	53	73	61	52	..	Foggy
,, 29	30·23	E.	54	53	..	59	51	..	Foggy
,, 30	30·46	E.	51	50	..	56	48	..	Overcast
,, 31	30·33	E.	52	50	..	55	50	..	Overcast
Nov. 1	30·28	S.E.	50	47	..	53	48	..	Overcast

Medical Diary for the ensuing Week.

Monday, Nov. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON.—8.30 P.M. General Meeting.—Professor Lister, "On Fractures of the Patella" (adjourned discussion).—Dr. Francis Warner, "On Postures indicative of the Condition of the Mind."

Tuesday, Nov. 6.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. The following specimens will be shown:—Multiple Diverticula of Small Intestine; Rupture of Heart; Congenital Talipes Equino-varus (two cases); Osseous Tumour in a Cicatrix; Sections of Hæmorrhoids; Obliteration of one Coronary Artery; Pedunculated Adeno-sarcoma of the Skin; Living Specimen ten years after removal of nearly the whole of the Lower Jaw for Necrosis; Ulcerative Endocarditis; Hydatid Cyst in Muscles of Calf (card); Sarcoma of Lower Jaw of Horse (card); Sacculated Aneurism of the Aorta (card).

Wednesday, Nov. 7.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays, at 1.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations 2½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown.—Mr. Lawson Tait: (1) "On Three Cases of Pyosalpinx;" (2) "On a Case of Acute Gangrene of the Uterus;" (3) "On an Undescribed Disease of the Fallopian Tubes."—Dr. E. S. Tait, "Observations on Puerperal Temperatures."
EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. N. Chevers, "On Medico-Topographical and Health Histories for Districts and Towns."

Thursday, Nov. 8.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

Friday, Nov. 9.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL MEDICAL SOCIETY.—8 P.M. Mr. Rory Fletcher, "On Army and Volunteer Medical Organisation."
CLINICAL SOCIETY OF LONDON.—8.30 P.M. Mr. G. R. Turner: (1) "On a Case of Wound of the Plantar Arch, Secondary Hæmorrhage on the thirteenth and sixteenth days after the injury;" (2) "On Cases of Ununited Fracture of the Patella treated by Suture."—Dr. Thin, "On Cases of Thickened Epidermis treated by Salicylic Plaster."—Dr. D. Drewitt, "On a Case of Myxœdema."—Living Specimens (8 P.M.): Subcutaneous Nodules in an Adult (male), by Dr. J. K. Fowler.

Saturday, Nov. 10.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

MILK WOMEN.

THE custom of sending out milk in cans carried by women is a very objectionable one, and we are surprised that in these days of rapid progress and of economy in labour such a practice should exist. It is bad for the women, for the existence of many disorders peculiar to the sex is, as is well known, the result of the carrying of heavy weights upon the shoulders, and it is also bad for the purchasers of the milk, for the custom is uncleanly, and uncleanliness may mean a great deal—it may even mean the propagation of typhoid and scarlet fever, results which are so frequently occurring. This protest is due to the following incident recently witnessed by a correspondent:—A "milk-woman" waiting at an area gate blew her nose with a very dirty handkerchief in a not very careful manner. The servant next appeared upon the scene with a jug, and the same hand which was used for the purpose just referred to was dipped with a small can into the milk receptacle. Upon ladling up each canful, the washings of the hand flowed back into the bulk of the milk, an unpleasant reminder of certain sediments which occasionally appear in milk jugs. These women occasionally—perhaps frequently—leave their cans open in the street, exposed to other sources of contamination which need not be specified. Another objection which we raise to this custom is that the existence of these female milk-vendors facilitates the wilful adulteration of the milk, an evil which means not only inferior quality, but possible danger from impure water.

MEDICAL POLITICS AT MUNICIPAL ELECTIONS.

AT Plymouth Dr. Bampton had to defend himself against the charge of Boycotting in the matter of discountenancing the Friendly Society Alliance. He did so very satisfactorily, and was sustained in doing so by Mr. W. P. Swain. These gentlemen very ably vindicated the right of medical men to combine to show their disapproval of an alliance which takes so little account of the claims of the medical profession, and which degrades medical service by underpaying it.

"CHLORAL POISONING."

To the Editor of THE LANCET.

SIR,—I have read with interest Mr. Mechan's letter on the above, published in your last issue. The action of chloral is so uncertain that I have the greatest hesitation in prescribing it, even in obstetric cases. It is in these cases that I consider its employment justifiable, as chloroform is better borne after it than after any other sedative, for obvious reasons. But when we have the choice of a sedative, and there is no especial reason for using chloral, as in Mr. Mechan's case, would it not be safer to prescribe bromide of potassium alone, or with some such addition as hyoscyamus or belladonna? I am not casting any reflection on Mr. Mechan, for he did not order his patient to take three-quarters of the whole mixture at one gulp, nor did his patient die; but I am simply insisting on the danger of using the drug at all when it can be avoided, which, in my opinion, is nearly always.

In 1880 I published notes of a case of Poisoning by Chloral Hydrate in THE LANCET, and although the dose taken was 100 grains less than that taken by Mr. Mechan's patient, the symptoms were very serious. The druz, I need hardly say, was taken without my knowledge. More than once I have known even small doses so badly borne that I look on chloral as a very treacherous friend. If taken habitually, the damage done to the brain is very great, and the habit is very difficult to abandon.

In the case of neuralgic females (usually weak-minded ladies), chloride of ammonium is far more valuable and far less harmful, but they persist in taking chloral.—I am, Sir, yours truly,

The Grove, W., Oct. 28th, 1883. A. ST. CLAIR BUXTON, F.R.C.S.

"WHAT CONSTITUTES A PAUPER LUNATIC?"

To the Editor of THE LANCET.

SIR,—Your dictum carries so much weight with the profession that I am constrained, in the interests of district medical officers, to disagree, on the authority of "Lumley's Poor-law Officer's Manual," with the one given under the above heading. If Mr. Bright will refer to page 67 *et seq.* of the said manual he will find full instructions on the point. The Lunacy Acts appear to contemplate two classes of lunatics—viz., (1) those who may remain out of an asylum, and (2) those who should be, without delay, lodged in an asylum. Only those in the former class should be included in the quarterly return, and it is expressly laid down: "Every pauper lunatic who has received relief, whether general or medical, at some time during the quarter, is to be included" (16th and 17th Vict., c. 97). Off. circ., 1857, No. 55 (N.S., p. 50). See also "The Lunacy Acts" (Fry), p. 402. I am, Sir, yours obediently,

Oct. 26th, 1883. R. J. S.

To the Editor of THE LANCET.

SIR,—Your note to the letter of Mr. Bright, in THE LANCET of Oct. 27th may mislead him and others. Some years since I had a long-continued contest with a board of guardians on the subject in question, and much correspondence with the Local Government Board resulted; but in the end I gained all the points I submitted, and it was allowed that any person receiving parochial relief (of which medical relief is an integral part) during the quarter is a pauper, and as such (if a lunatic or idiot) he must be reported to the guardians in the usual way if properly cared for; if not so cared for, the medical officer must forthwith inform the relieving officer. In either case he will be entitled to, and can recover, his half-crown fee.—I am, Sir, your obedient servant,

Somerset, Oct. 27th, 1883. G. F. WILLS.

To the Editor of THE LANCET.

SIR,—With regard to the question asked in your issue of to-day by Mr. J. A. Bright, will you allow me to state that some time ago I addressed an inquiry to the Local Government Board on the subject. In reply the Board informed me that the medical officer was entitled to a quarterly fee of 2*s.* 6*d.* for visiting lunatics who were in receipt of medical relief, "whether they were in receipt of any other kind of relief or not." Of course this does not touch the definition of "lunatic," but only of "pauper" lunatic, the question of lunacy being decided in the usual manner.—I am, Sir, yours obediently,

H. E. SPENCER,

York, Oct. 27th, 1883. Medical Officer, No. 2 District, York Union.

*** We gladly publish the above letters, and congratulate our correspondents on having not only convinced themselves, but the Local Government Board, and, through the central authority, local boards of guardians, that all persons constructionally idiotic or of unsound mind who have at any time received "medical relief" are *pauper lunatics*. According to the interpretation given in 16th and 17th Vict., c. 97, sec. cxxxii., "'Lunatic' shall mean and include every person of unsound mind and every person being an 'idiot';" and "'Pauper shall mean every person maintained wholly or in part by or chargeable to any parish, union, or county." Of course every person receiving medical relief, though it be only by a single attendance, given at the order of a Poor-law officer, is legally a "pauper;" but can anyone be an idiot or a lunatic without being so certified? That is the question. A district officer is beyond doubt entitled to return as a "pauper lunatic" any idiot or lunatic in his district for whom his advice or assistance has been given during the quarter, but we do not see how he can classify a "pauper" as a "lunatic," and therefore a "pauper lunatic," except on the ground of some previous legal return or certification of idiocy or lunacy. We are perfectly cognisant of the law on the subject, but we must adhere to our previous statement. In their thirteenth report, dated March 31st, 1859, the Commissioners in Lunacy dealt with one phase of this question, and decided, after communication with the, then, Poor-law Board, "that all persons *receiving parochial relief on account of* mental infirmity or imbecility should be brought under the notice of the medical officer, visited by him, and included in his list." Much will probably depend on the meaning of the words we have printed in italics. However, the proper course for any medical officer who is in doubt would seem to be to write to the Commissioners in Lunacy, Whitehall, giving the name and address of any person not included in the list, but visited by him, leaving it to the Commissioners to deal with the legal question, and to compel the guardians to include the person so named in the quarterly return. This is, we think, the easiest and best way out of the difficulty, better far than entering into a dispute with the Local Government Board, and seeming to appeal to the Central Board against the local board, which generally leads to trouble. The Commissioners invite communications from the medical officers, and will surely see that the law is enforced on their behalf, or rather on that of the lunatics. The particular statute to be enforced is 8th and 9th Vic., c. 126, Sec. 55, which should be cited in communicating with the Commissioners in Lunacy as to any idiot or imbecile not included in the medical officer's list.—ED. L.

FRENCH LUNACY STATISTICS.

IN the preamble of a Bill which has just been brought into the French Chamber of Deputies for the reform of the lunacy laws, it is stated that the number of insane persons received into the different asylums throughout France was 13,434, of whom 3250 had been under restraint before, and it is significant that of the latter 598 are classed as having escaped or having been discharged before they were cured. The total number of lunatics in the French asylums was 58,760, of whom 30,404 were females, and 26,636 males, while the average length of detention is 295 days for females, and 276 for males. The lunatics are classed in the following categories:—Ordinary madness, 33,629; paralytic madness, 8665; idiocy, 5377; senile dementia, 4495. The number of public asylums is sixty-one, and of private asylums forty-two (nine of these being solely for men, and fourteen for women). There are twenty-four French departments without any asylum.

SHORT AND LONG TITLES.

A CORRESPONDENT, writing from Philadelphia, complains of the ambiguous character of the headings of some of the articles which appear in our columns, and not, we opine, in ours only. It is not always easy, and it is sometimes impossible, to convey in a concise title a full and fair notion of the whole contents of the paper or letter that follows it. British authors, as a rule, appear to be more solicitous to observe conciseness in the headings of their literary productions than are American writers, who perhaps are over-fond of amplification in the matter of titles. Still we agree with our correspondent that it is important in these days of much writing and reading that the heading of a paper should, as far as possible, give an adequate indication of the nature and scope of the subject treated therein.

M. B.—1. Our correspondent would be justified in inducing premature labour at the eighth month.—2. The action of X is not justifiable. Probably simple but firm personal remonstrance will suffice to stop it.—3. The custom varies, and should be ascertained in the particular locality.

FITS OF AN UNUSUAL KIND.

To the Editor of THE LANCET.

SIR,—The following case appears to me to be worthy of record in your valuable journal.

I was called to see Mrs. W——, who was said to be "in a fit." When I arrived at the house I found her in a very striking attitude. She was quite conscious and was seated on a chair. Her left hand was laid across the epigastrium, while her right hand was rhythmically tapping the corresponding knee. Her body was swaying to and fro, and her feet were simultaneously beating the floor. Her face had an intensely anxious appearance. She complained of pain over the region of her stomach, and of a sensation as if "wind" were rising up and choking her. Her mouth felt very parched, and every few minutes she interrupted the tapping of her knee by reaching out for a glass of milk which stood near her, and taking a sip. She complained of her feet and hands being intensely cramped, and she expressed herself as being relieved when they were gently rubbed. Percussion over the stomach gave a cympanitic note. The "fit" lasts for a period of time varying from ten minutes to half an hour or longer. It is generally, though not always, associated with flatulence and windy eructations. She has suffered from these fits for the last twelve years from time to time, and she attributes their commencement to a fright. Any nervous excitement—e.g., being worried by her children, &c.—predisposes to them. The patient is of a decidedly nervous constitution, possessing the mobile features, bright sparkling eyes, and nervous manner which are so characteristic. As regards treatment, she has had bismuth and soda, and is at present taking the sulphocarbolate of soda, and a mixture containing bromide of potassium. I injected morphia hypodermically when I first saw her, but without any effect. I am, Sir, yours truly,

Greenbank-road, Darlington. W. F. G.

Mr. Ferguson (Hounslow).—Mr. Ferguson's explanation of the facts is perfectly satisfactory.

Dr. Robert Spence.—The office is a most respectable one.

THE LEGAL STATUS OF MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—It is a most extraordinary fact how few barristers understand the legal status of medical men. Often their first question to a medical witness is, Are you duly qualified? instead of saying, Is your name on the Medical Register, or are you a legally registered practitioner? I once saw a man being examined by counsel, and his (the counsel's) first question was, Are you a surgeon? The man evaded the law by saying he was an assistant surgeon, and so he got the surgeon's fee of £1 1*s.* It is truly lamentable that such ignorance of Acts of Parliament should be displayed by these gentlemen, who are supposed to be so sagacious. It is likewise an injustice to honest men, and a distinct loophole for a quack to palm off his evidence and receive the registered man's fee.

I shall be much obliged to you if this is made generally known, as by your valuable journal it may come to be appreciated by those for whom it is intended. I am, Sir, yours faithfully,

Great Ducie-street, Manchester. HENRY BOUTFLOWER.

IS OUR CLIMATE IMPROVING?

IN an article on "Some Historical Floods," which appears in the first number of a new magazine, named the *Science Monthly*, it is affirmed that the climate of England has undergone a change for the better. Our comparative immunity from extremes of weather is contrasted with the experiences of other countries—the parching drought of India, the floods of Central Europe, the hurricanes of America, and the hailstorms of southern France. The tempests and floods which, making full allowance for exaggerations on the part of the old chroniclers, form so prominent a part of our historical records, are, our contemporary remarks, comparatively little known in our own day. The reason for this change, in the matter of floods at all events, is mentioned—our fens and marshes have not been drained, our river courses have not been deepened, our low coasts have not been dyked to no purpose. Notwithstanding the growth of population along the banks of rivers, on estuaries, and in places that once formed a sort of debatable property between the land and the sea, and notwithstanding the enormously increased facilities for preserving detailed records, the nineteenth century does not afford a single instance of an inundation comparable in its effects with those of frequent occurrence in early times.

Stabsarzt Dr. Buggs.—In the first volume of the Army Medical Department Reports (1859), p. 357, our correspondent will find a detailed description of the hospital ships *Mauritius* and *Melbourne* which were equipped for service in China. In the fifteenth volume (1873), p. 290, there is a full report of the fitting out of the *Victor Emmanuel* hospital ship for service on the West Coast of Africa during the Ashantee War. We do not know of any report having been published respecting the *Carthage*, which was employed during the late Egyptian campaign, but we feel sure that our correspondent could obtain any information he desired respecting it by writing to the Director-General, Army Medical Department, 6, Whitehall-yard, S.W.

"LIGATURE OF THE BRACHIAL ARTERY FOR WOUND OF THE PALM."

To the Editor of THE LANCET.

SIR,—It is with a feeling of disappointment one reads the result of the discussion upon the above in THE LANCET of Oct. 20th, p. 691, which took place at the Liverpool Medical Institution on Oct. 11th.

The subject is of great importance to every general practitioner, and upon this ground I think the bulk of the opinions expressed during the discussion ought not to pass unchallenged. If hæmorrhage from the palm—primary, recurrent, or secondary—be treated in a half-hearted way, by pressure and position, with a view to deligation of the brachial artery if the bleeding continue, of course the treatment will be likely to fail. One would infer from the closing paragraph of the paper, as reported, that the writer intended in future to commence treatment of these cases by deligating the brachial artery. Now, to deligate the brachial artery for bleeding from the palm—a position that can be attacked from all sides—is, to say the least of it, an unsurgical procedure—contrary to common sense and to all surgical teaching. To tie the bleeding points in a recent wound is a proceeding that will occur to all. The hopelessness of attempting to tie bleeding points in any wound of the palm other than a fresh one will be acknowledged by all acquainted with the friable condition of the tissues under these circumstances. To damage the palm by searching about in it shows a grave lack of surgical judgment and ignorance of consequences. Another speaker is reported to have stated, "in punctured wounds treated by compression in which secondary hæmorrhage had taken place there was usually a small false aneurism." Of course where compression has been unskilfully applied a pretty large false aneurism does exist, extending perhaps under the anterior annular ligament. Even then, I venture to say, a carefully applied bandage with graduated antiseptic compress and attention to position will meet with astonishing success.

I am, Sir, yours, &c.,

Oct. 23rd, 1883. A GENERAL PRACTITIONER.

Mr. Henry D. M'Culloch, M.B., C.M.—In the present position of the question of the origin of cholera it would be well, we think, to hold in suspense theories of the kind proposed by our correspondent.

"PREPARATION OF PATHOLOGICAL SPECIMENS."

To the Editor of THE LANCET.

SIR,—If Mr. A. Blomfield refers to the Transactions of the Provincial Medical and Surgical Association for 1836 he will find a very good memoir on the above subject by John Greene Crosse, Esq., surgeon to the Norfolk and Norwich Hospital. I have the work in my possession, and will willingly lend it to Mr. Blomfield or any other medical brother who may wish to read it.—I am, Sir, yours, &c.,

Roseneath, Gorleston, Great Yarmouth, Oct. 8th, 1883. R. GODFREY BATELY.

To the Editor of THE LANCET.

SIR,—Mr. Blomfield will find a short account of the method of preserving pathological specimens for museums in "Practical Histology and Pathology," by Dr. Heneage Gibbes.—I am, Sir, yours truly,

Bernard-street, Oct. 29th, 1883. T. G. PARROTT.

ALCOHOL IN ASYLUMS.

AT a recent meeting of the St. Albans Board, one of the guardians, Mr. White, directed attention to the amount spent on alcohol and tobacco in the lunatic asylum for the three counties—Bedford, Hertford, and Huntingdon. He found that the payments for beer consumed in the asylum in 1881 amounted to £1145, and in 1882 to £1106. There was a second item for £25 for porter in 1881, and of £21 in 1882. Another line gave a total of £183 13*s.* 2*d.* for wine, spirits, and porter in 1881, and £219 17*s.* 10*d.* in 1882. The total payments for beer, porter, wines, and spirits in 1881 was £1355 3*s.* 2*d.*, and in 1882, £1407 14*s.* 10*d.* In addition to this, £295 10*d.* was spent for tobacco in 1881, and £225 17*s.* 2*d.* in 1882. Snuff cost £12 7*s.* 1*d.* in 1881, and £12 10*d.* in 1882; £5 13*s.* 4*d.* was spent for tobacco pipes in 1881, and £5 6*s.* 8*d.* in 1882. The question was whether, as a matter of principle, these alcoholic liquors were necessary, and, as a matter of detail, he thought it would be wise to ask why there had been such an increase in the items for tobacco, and wine, spirits, and porter. He had recently, while on a visit to Scotland, inspected the Stirlingshire Asylum, where he found no beer was given, and the effect was beneficial. The Board passed a resolution on Mr. White's motion simply calling attention to the increasing expenditure on these articles. We congratulate the Board on stopping here and leaving the responsibility entirely with the medical officers.

W. H. E.—In a letter published in our columns on Feb. 25th, 1882, p. 335, Dr. Gibson answered the question, as follows:—"The nitrate of silver is conveniently diluted with well-dried starch, or tragacanth, or lycopodium, &c. One grain of nitrate of silver may be diluted with nineteen grains or more of the diluent on first employment, and the strength of the powder may be gradually increased. Five grains of the powder may be, very slowly, inhaled two or three times a day. It is desirable that the bronchial tubes should be cleared from bronchial secretion before each inhalation of the medicated air."

Omega and Alpha.—We have read the correspondence with great regret. The letters of Alpha, even if his argument be sound, are couched in language which is uncalled for, as far as we can see, by anything in the letters of Omega or in his conduct.

THE TREATMENT OF THE COLLIQUATIVE SWEATING IN PULMONARY CONSUMPTION.

To the Editor of THE LANCET.

SIR,—I have read the letter of Mr. Forrest on the above subject in your issue of to-day, and would suggest to him to try the hypodermic injection of atropia sulphate in doses ranging from 1-100th to 1-50th of a grain. The solution is best made with the laurel water of the Pharmacopœia, which completely dulls the local pain of the needle. It is well to begin with the smaller dose, for I have found that the larger one frequently causes dryness of the throat and temporary interference with vision. Some patients have proved refractory to the drug, and have required doses as large as 1-30th of a grain. The great merit of the treatment is that it does not interfere with the stomach, and if the mullein leaf boiled in milk be used to check the cough or phthisical diarrhœa, should they exist, the stomach is left free for nutritive purposes—an unmixed blessing to phthisical sufferers, whose stomachs are frequently hardly able for that office. Of course this mode of treatment has been already described, but I doubt if it be as much practised as it deserves to be.

I am, Sir, your obedient servant,

Dublin, Oct. 27th, 1883. F. J. B. QUINLAN, M.D., F.K.Q.C.P.

Mr. Blake's letter shall be forwarded.

Mr. E. Pilkington (Sunderland).—Thanks.

Surgeon and *Rheumatic* have not enclosed their cards.

"AGUE APPARENTLY CURED AT THE BATH MINERAL WATER HOSPITAL."

To the Editor of THE LANCET.

SIR,—Dr. John Kent Spender can scarcely be aware of the fact, which is patent to those who have much to do with ague, that the disease is frequently "cured" by change of residence, or he would not have attributed the cure of the case from Leighton Buzzard to the virtues of the Bath mineral waters. It is my universal practice to advise patients who receive no palpable benefit from treatment within a fortnight or three weeks to leave home for change of air, and always with a good result.

I am, Sir, your obedient servant,

Huntingdon, Oct. 30th, 1883. LANCELOT NEWTON.

WILLIAM ALLEN AND GUY'S.

To the Editor of THE LANCET.

SIR,—Please allow me, through your columns, to ask any old Guy's Hospital men or any others who shared in the advantages of the late William Allen's lectures, to favour me with any memoranda or reminiscences they may have connected with him. I ask, for I am trying to write a popular and, as far as possible, an original sketch of a man of whom England may well be proud, but who is now little appreciated.

I am, Sir, yours truly,

Prospect-hill, Walthamstow, Oct. 23rd, 1883. J. FAYLE.

GYMNASTICS AT GIRLS' SCHOOLS.

THE Bonn Society for bodily culture lately addressed a petition on the above subject to Herr Von Gossler, the Prussian minister of education. The Dusseldorf, Hagen, and Witten Societies also joined in bringing the matter officially before the Government. The general purport of the suggestions made was the introduction of such measures as would render gymnastics a methodical subject of instruction in girls' schools, at least in towns. The minister, in his reply, has expressed his conviction that the requirements of the case are sufficiently met by the facts that at the teachers' seminaries gymnastics are systematically taught, and that without the intervention of the authorities many leading schools of the higher grade have already included this subject in their scheme of education. An official work on the question is also said to be in contemplation.

ALCOHOL IN THE BRAIN OF DRUNKARDS.

IN the *Zeitschrift für Analytische Chemie*, Herr Kuyper records the fact that he has ascertained by distillation the presence of alcohol in the brain and liver of two persons who had fallen into the water when drunk and had been drowned. In one brain he found about one fifth of a cubic inch of alcohol, and in one liver a little over half a cubic inch.

ADVICE AND MEDICINE FOR SIXPENCE.

M. C. C.—The bill is very bad. It is so low a production that perhaps the best way of treating it is to take no notice of it. But it is a strange way of preserving the independence of the poor to give them advice and medicine for 6*d*. We pity the doctor who has to give the advice and medicine and to demean himself further by petty handbills.

Messrs. Somervill Brothers.—We do not perceive in the specimen sent anything in the way of improvement over the best kind of boots already in use.

THE BOAST FUND.

To the Editor of THE LANCET.

SIR,—Will you kindly insert the following list in the next issue of THE LANCET?—I am, Sir, yours faithfully,

S. H. BURTON,
Hon. Treasurer to the fund.

64, St. Giles'-street, Norwich, Oct. 31st, 1883.

Mrs. E. P. Clarke, Wymondham (2nd donation)	£5	0	0	Mr. T. W. Richardson, Norwich	£0	10	6
Mr. E. B. Pomeroy, Wymondham	2	2	0	Mr. D. Meadows, Great Yarmouth	0	10	6
Dr. Beverley, Norwich	2	2	0	Dr. Ryley, Great Yarmouth	0	10	6
Dr. M'Kelvie, Cromer	1	1	0	Dr. E. Fluder, Cromer	0	10	6
Dr. Kidd, Blofield	1	1	0	Mr. Cobon, Wilton	0	10	6
Dr. Skrimshire, Holt	1	1	0	Mr. E Reeve, Reepham	0	10	0
Dr. Taylor, Mattishall	1	1	0				
Mr. J. T. Waller, Flegg Burgh	1	0	0				

M.D.—Our correspondent should have been informed by the medical practitioner in question of the state of the case.

Dr. Arthur's letter arrived too late for insertion this week.

SANITAS OIL.

To the Editor of THE LANCET.

SIR,—I think it worth while to draw the attention of your readers to the fact that sanitas oil completely covers the disagreeable smell of iodoform in ointments, &c., besides being a valuable application in all ulcers, specific or otherwise, in deodorising and in helping the process of healing. I believe the essential of sanitas oil is the resin of the pine.

I am, Sir, yours obediently,

Sackville-street, Nov. 1st, 1883. JAMES STARTIN.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Henry Thompson, London; Sir E. Lechmere, London; Dr. Iliffe, London; Dr. Rutherford Adams, Croydon; Dr. Murrell, London; Dr. Arthur; Dr. Alfred Carpenter, Croydon; Mr. B. Duke; Mr. R. G. Bately, Gorleston; Mr. L. Newton, Huntingdon; Dr. Bampton, Plymouth; Mr. R. J. Baker, Quetta; Dr. Mears, Newcastle-on-Tyne; Mr. Symes, Chesterfield; Dr. Vawdrey Lusk, Weymouth; Mr. Howell, London; Dr. Archibald, St. Andrews; Dr. W. G. Balfour, Bombay; General J. J. Elwell, Cleveland, Ohio; Mr. Crouch, London; Mr. G. F. Wills, Crewkerne; Dr. Quinlan, Dublin; Mr. Spencer, York; Mr. S. Snell, Sheffield; Mr. Boutflower, Manchester; Mr. H. Lawrence, Plymouth; Mr. Armstrong, Manchester; Mr. Hentsch, London; Mr. Albert May, Moreton-Hampstead; Dr. W. Anderson, Richmond; Mr. Hare; Mr. Chavasse, Birmingham; Mr. Hearson, London; Mr. C. Messent, London; Dr. M'Call Anderson, Glasgow; Dr. M'Alister, Cambridge; Mr. St. Clair Buxton, London; Mr. Horace Cocks; Mr. R. P. White, Wigan; Mr. John Godson, Birmingham; Mr. S. Newman, London; Dr. Courtin, Paris; Mr. Maythorne, Biggleswade; Mr. Fairbridge, London; Mr. Thornton; Mrs. Markham, Salford; Mr. Puddicombe; Messrs. Bradshaw, Nottingham; Mr. Hammett, Taunton; Mr. Hardman, Blackpool; Miss Cavanagh; Mr. T. Cooke; Mr. Woodland, London; Dr. Swete, Worcester; Mr. Startin, London; Mr. Stanley, London; Mr. Marshall, Doncaster; Messrs. Street Brothers, London; Dr. Aldridge, Plympton; Mr. Scott, Manchester; Mr. Hare, London; Mr. Pentland, Edinburgh; Dr. Percy Boulton; Mr. Noble Smith; Dr. Gooding, Cheltenham; Mr. J. F. Nicholson, Hull; Mr. Austin, Heathfield; Mr. Buckston Browne, London; Dr. De Havilland Hall, London; Mr. Wickham, Newcastle-on-Tyne; Dr. S. W. D. Williams, Haywards-heath; Mr. Rochefort, Miltown Malbay; Mr. E. Prideaux, Wellington; Mr. Burton, Norwich; Mr. R. Wilmot; Mr. J. Startin, London; Mr. G. F. Blake; Dr. Wood, Cranbrook; M.B.; M. M. C.; W. R. D., Leicester; G. M. H.; M. C. C.; Medicus, Worksop; R. J. S.; &c., &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Blyth, Norwich; Dr. Embleton; Dr. Fraser, Nairn; Dr. Morgan, Newport; Dr. Callingworth, Manchester; Mr. Stanford, Tibshelf; Dr. Norton, Bournemouth; Mr. Courtney; Dr. Millward, Cardiff; Mrs. Appleton; Mr. Douglas, Matlock; Mr. Berne, St. Helens; Messrs. Waterlow and Co.; Mr. Somerville, Edinburgh; Mr. Patullo, Hawick; Mr. Hall; Mr. M'Cullock; Dr. Aylward; Dr. Parry, Bridgend; Messrs. Smith and Co., London; Mr. Paradise, London; Mr. Robinson, Henley; Mrs. Claxton, Bournemouth; Mr. Ruck, Cheshunt; Dr. Hunter, Ebbw Vale; Mr. Collins, Broseley; Mr. Stokoe, Clare; Dr. Lawing, London; Mr. F. W. Brown, Loadon; Mr. Brown, Goring; Dr. Linde, Ross; Mr. Rutter, Turnham-green; Messrs. Beal and Co., London; Mr. Walker, Bloomsbury; Mr. Eschwege, London; Mr. Darke, London; Z. Y. X.; Incumbent; Sigma, Reading; Scalpel, Hulme; Fontenelle, Cardiff; L. A. H. D; Medicus, Manchester; Alpha, Stockport; Fidelis; X. Y. Z., Manchester; C. S. J., Teddington; Medicus, Hansworth; M. E., Bath; Medicus, Crockherbtown; Simon; S. H.; Medicus, North Molton; W. D., South Kensington; P., Huntingdon; Medicus, Halifax; Medicus, Nottingham; M. J., London; Chemist, Dalston; J. R. P., Leicester; Orchard; P. D. A.; M.B., Westbourne-park; Principal, St. Leonards; G. H.; W. G. H.; &c., &c.

The Christian World, Bombay Gazette, Imperial Review, Philadelphia Grocer, Modern Thought, Sunderland Weekly Echo, Sunderland Daily Echo, Yorkshire Weekly Post, Newcastle Guardian, Dunoon Herald, &c., have been received.

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